

NOTICE OF SMALL BUSINESS SET-ASIDE

Pursuant to Hawaii Revised Statutes, Section 103D-906, and Hawaii Administrative Rules, Chapter 3-124-73.1(a)(2)(i) a determination by the Procurement Policy Board that this procurement is suitable for performance by businesses meeting the applicable small business size standard as defined by the "Small Business Size Standard by North American Industry Classification System (NAICS).

NAICS code(s) determined appropriate for this solicitation is **541511 – Custom Computer Programming Services** whose **annual receipts of less than \$25 million**.

Definition. "Small business concern," as used in this clause, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the size standards in this solicitation.

Offers are solicited only from small business concerns. Offers received from concerns that are not small business concerns shall be rejected.

Any award resulting from this solicitation will be made only to a small business concern.

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STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HONOLULU, HAWAII

PROCUREMENT NOTICE DATE: **December 14, 2009**

REQUEST FOR PROPOSALS
No. PSD-10-LE-12

SEALED PROPOSALS
FOR
A
RECORDS MANAGEMENT SYSTEM
STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
LAW ENFORCEMENT DIVISION

WILL BE RECEIVED UP TO 2:00 P.M. (HST) ON
JANUARY 21, 2010

IN THE DEPARTMENT OF PUBLIC SAFETY, ADMINISTRATIVE SERVICES OFFICE – PURCHASING AND CONTRACTS UNIT, 919 ALA MOANA BLVD., ROOM 413, HONOLULU, HAWAII 96814. DIRECT WRITTEN QUESTIONS RELATING TO THIS SOLICITATION TO THE DEPARTMENT OF PUBLIC SAFETY, FACSIMILE (808) 587-1244 OR E-MAIL AT marc.s.yamamoto@hawaii.gov.

Clayton A. Frank, Director

RFP No.: PSD 10-LE-12

Name of Company

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| <ul style="list-style-type: none">• Attachment 1: OFFER FORM, OF-1• Attachment 2: OFFER FORM, OF-2• Attachment 3: WAGE CERTIFICATE• Attachment 4: CERTIFICATE OF COMPLIANCE FOR FINAL PAYMENT• Attachment 5: SMALL BUSINESS PROGRAM REPRESENTATION• Attachment 6: FEDERAL COMPLIANCE DOCUMENTS<ul style="list-style-type: none">1. Acceptance of Conditions (AG/CPJAD #14)2. Acceptance of JAG RECOVERY SPECIAL CONDITIONS (AG/CPJAD #26)3. Certification of Non-Supplanting (AG/CPJAD #3)4. Certification of Non-Discrimination (AG/CPJAD #15)5. Certification Regarding: EEOP6. Certification Regarding Drug-Free (AG/CPJAD #16)7. Certification Regarding Debarment (OJP 4061/1)8. Certification Regarding Lobbying (AG/CPJAD #22)• Attachment 7: MVC and Evidence Forms<ul style="list-style-type: none">1. Face Page 0925082. Unit Info-Side 1 0925083. Unit Info-Side 2 0920084. All Persons Info 0920085. Diagram 0920086. CMV Supplement 0920087. CMV Identifier Sheet 0920098. Narrative 1 page 0920089. Narrative 7 pages 09210810. MVR Narrative, 10 pages11. Evidence12. Evidence (continuation)13. Minor Motor Vehicle Collision Report (Triplicate)14. Statement of Receipt of Detainee's Property (Triplicate)15. Abuse of a Family or Household Members Warning Citation (Triplicate) | |

SECTION ONE
INTRODUCTION AND KEY DATES

1.01 TERMS AND ACRONYMS USED THROUGHOUT THE SOLICITATION

| | |
|---------------------|---|
| Procurement Officer | = Director of the State of Hawaii, Department of Public Safety, 919 Ala Moana Blvd., Room 400, Honolulu, Hawaii 96814 |
| State or PSD | = The Department of Public Safety |
| ASO/PC | = Administrative Services Office, Purchasing and Contracts Unit, 919 Ala Moana Blvd., Room 413, Honolulu, Hawaii 96814 |
| BAFO | = Best and Final Offer |
| HAR | = Hawaii Administrative Rules |
| HRS | = Hawaii Revised Statutes |
| RFP | = Request for Proposals |
| GC | = General Conditions, issued by the Department of the Attorney General |
| GET | = General Excise Tax |
| MIS | = Management Information System Unit |
| Applicant | = Any individual, partnership, firm, corporation, joint venture, or representative or agent, submitting an offer in response to this solicitation |

1.02 INTRODUCTION

The State of Hawaii Department of Public Safety - Law Enforcement Division requests services to improve the efficiency in managing case investigations (incident reports) for deputy sheriffs and narcotic enforcement investigators through the implementation of an electronic records management system that would effectively manage, track, report, and analyze incident reports and evidence. The tentative contract term will be from April 1, 2010 through March 31, 2012.

1.03 FEDERAL FUNDS AS RECEIVED (100%)

It is understood and agreed to by all bidders that the contract resulting from this RFP shall be construed to be an agreement to pay the obligation under the contract only out of federal funds to be received from the federal government when the federal funds are so received and shall not be construed as a general agreement to pay such obligation at all events out of any funds other than those which are received from the federal government.

1.04 CANCELLATION

The RFP may be cancelled and any or all proposals rejected in whole or in part, without liability, when it is determined to be in the best interest of the State of Hawaii.

1.05 RFP SCHEDULE AND SIGNIFICANT DATES

The schedule set out herein represents the State's best estimate of the schedule that will be followed. All times indicated is Hawaii Standard Time (HST). If a component of this schedule, such as "Proposal Due" date is delayed, the rest of the schedule will likely be shifted by the same number of days. The approximate schedule is as follows:

TENTATIVE TIMELINE (Dates are subject to change)

| | |
|--|---|
| Advertising of Request for Proposals | DECEMBER 14, 2009 |
| RFP Pre-proposal Meeting | DECEMBER 16, 2009 |
| Deadline to Submit Written Questions | DECEMBER 21, 2009 |
| State's Response to Written Questions | DECEMBER 23, 2009 |
| Proposals Due and Opened | JANUARY 21, 2010 |
| Proposal Evaluations | JANUARY 21, 2010 TO FEBRUARY 10, 2010 |
| Discussion with Priority Listed Applicants | JANUARY 26, 2010 TO FEBRUARY 29, 2010 |
| Best and Final Offer | FEBRUARY 5, 2010 |
| Estimated Contract Award | FEBRUARY 15, 2010 |
| Contract Start Date | APRIL 1, 2010 |

A non-mandatory orientation meeting will be held on December 16, 2009 at:

Department of Public Safety
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

from 1:00 pm to 2:00 pm.

SECTION TWO

BACKGROUND AND SCOPE OF WORK

2.01 PROJECT OVERVIEW AND HISTORY

The State of Hawaii Department of Public Safety (PSD) oversees the Law Enforcement (LE) Division, which includes the Sheriff and Narcotics Enforcement Division (NED). NED employs 16 investigators, and the Sheriff Division (SD) employs about 300 deputy sheriffs. The Division Administrator manages the NED, and the Sheriff manages the SD.

SD serves and protects the public by carrying out statewide law enforcement duties (i.e. inter-island prisoner transports, warrant service, drug interdiction, fugitive apprehension, booking operations, patrol work, K-9 response for drug and explosive detection, dignitary protection and basic swat response) in the counties of Oahu, Maui (includes the islands of Lanai and Molokai), Kauai, and Hawaii. SD provides exclusive law enforcement services to all State facilities, the Honolulu International Airport, and the premises under the control of the Judiciary (i.e. courts). According to 2008 statistics, SD initiated 3,560 criminal cases for the year.

NED serves and protects the public by enforcing laws relating to controlled substances and regulated chemicals statewide. NED is responsible for the registration and control of the manufacture, distribution, prescription, and dispensing of controlled substances and precursor or essential chemicals. NED is also responsible for assuring that pharmaceutical controlled substances are used for legitimate medical purposes. Also, NED registers and investigates all violations of persons who administer, prescribe, manufacture or dispense controlled substances, including those who work at methadone clinics. According to 2008 statistics, NED investigators conducted/responded to about 1,500 cases.

SD currently uses a manual records management system that involves deputy sheriffs completing an incident report utilizing the Microsoft Word computer program or a typewriter, and the subsequent filing of the hard copy of the incident report in a folder/ filing cabinet. NED currently uses a records management system that involves investigators completing an incident report utilizing the Microsoft Office Access computer program. NED and SD do not have a records management system to preserve, disseminate, and provide access to important documentary sources in electronic form.

The State of Hawaii PSD - LE Division seeks to improve the efficiency in managing case investigations and evidence for investigators and deputy sheriffs, through the implementation of an electronic records management and evidence documentation system that would effectively manage, report, and analyze incident reports (cases).

Funding for this project will be provided by the American Recovery and Reinvestment Act (ARRA) of 2009 and is limited to a total cost of **\$187,474.00**

2.02 SCOPE OF WORK

The Scope of Work encompasses the following tasks and responsibilities:

1. Application software to support 70 fixed workstations
2. Project management, integration, installation and training services
3. Maintenance and support services for the proposed systems, effective to the end of the contract, March 31, 2012

Responses to this RFP should clearly detail how the software and services that is proposed can best satisfy the RMS requirements of the PSD-LE Division.

The Scope of Work is broken down in the following sections:

- A. Instructions
- B. General System Requirements
- C. RMS General Requirements
- D. Master Name File
- E. Incident and Crime Reporting
- F. Property and Evidence

In the future, the system must have the capability to add the following modules and work seamlessly together with the system:

- G. Investigative Case Management
- H. Activity Log
- I. Computer Assisted Dispatch

A. INSTRUCTIONS

This section of the RFP contains instructions for responding to the application requirements presented below.

In responding to the application requirements and questions regarding functions, features, and reporting capabilities, the codes indicated below must be used wherever a bracket [] is located. This will facilitate the evaluation of your proposal.

The term "Sheriff" will include both the deputy sheriffs, and the NED investigators.

| <u>Response Code</u> | <u>Definition</u> |
|-----------------------------|---|
| E | Requirement will be met by proposed existing software that is installed and operational at other sites and can be demonstrated to the State. |
| U | Requirement will be met by package software that is currently under development, is in Beta test, or is not yet released. |
| M | Requirement will be met by proposed modifications to existing software or use of software tools such as application report writer, query, etc. <u>All work shall be performed by the vendor and additional costs, if any, shall be noted as described below.</u> |
| R | Requirement could be met by the use of software tools, such as a report writer or query language. The software tool must be included in the proposal. <u>State may choose to do this requirement. Vendor will indicate the cost of both the labor and software tools to complete this requirement.</u> |
| C | Requirement will be met by major modifications to existing software or by new custom software programming. If any software tools must be purchased by the State to achieve this requirement, associated costs must be included in the proposal. <u>All work shall be performed by the vendor and additional costs, if any, shall be noted as described below.</u> |
| X | Requirement cannot be provided. We request that you respond to each application requirement with the response codes identified above. An omitted response or deviation from the response codes will be assumed to be the same as a response code of X. |

Note:

- We request that you respond to each application requirement with the response codes identified above. An omitted response or deviation from the response codes will be assumed to be the same as a response code of X.
- Costs associated with M or C responses should be clearly shown in the margin to the right of the [] bracket. In addition, all costs associated with M or C responses must be included and listed as optional cost.

B. GENERAL SYSTEM REQUIREMENTS**RESPONSE****1. Overall Functions and Features**

- a. Ability to provide the following user-interface flexibility (based upon supervisor control):
- 1) Ability for non-technical users to make system modifications using table-driven parameters (instead of hard-coded configuration parameters) []
 - 2) Ability for non-technical users to configure their workstation environment (i.e. sort status monitors) []
 - 3) Ability to operate in a "window-like" environment to support concurrent processing (i.e. invoke a incident inquiry using a different "window" without losing initial working screen) []
 - 4) Ability to use command line entries and function keys []
 - 5) Ability to use drag and drop, and point-and-click (pull down menus) devices to invoke a function []
 - 6) Ability to perform functions with minimal keystrokes []
 - 7) Ability to enter unlimited narrative (both incident and non-incident) with text wrap-around feature []
 - 8) Ability to recall commands []
 - 9) Ability to move forward and backward to complete data fields without having to retype the entire field (i.e. insert and delete) []
 - 10) Ability to page up and down []
 - 11) Ability to scroll up and down []
 - 12) Ability to advise users of data entry or command errors with clear and concise messages []
 - 13) Ability to enter data once and populate appropriate tables and files for initial data entry []
 - 14) Ability to display context-sensitive help screens []
- b. Ability to log dates as MM/DD/CCYY []
- c. Ability to log times in 24-hour format (i.e. hour/min/second) []
- d. System administrator capability to selectively edit and purge information (i.e. premise information):
- 1) Purge single record []
 - 2) Purge group/all records []
 - 3) Purge all except specific records []
- e. Ability to selectively print information (i.e. incident history):
- 1) Print single record []

| B. GENERAL SYSTEM REQUIREMENTS (Continued) | RESPONSE |
|---|-----------------|
| 2) Print group/all records 3) Print all except specific records | [] [] |
| f. Ability to generate hard copy listing of purged data | [] |
| g. Ability to easily search databases using: | |
| 1) "Wild cards" | [] |
| 2) "String search" | [] |
| 3) Soundex or sound-alike algorithm | [] |
| 4) Any field or combination of fields | [] |
| h. Ability to validate data entry based on: | |
| 1) Date (i.e. current date, logical date parameters) | [] |
| 2) Numeric | [] |
| 3) Alpha | [] |
| 4) Code Tables | [] |
| 2. Security Requirements | |
| a. Ability to access application and system commands with appropriate security | [] |
| b. Ability to log date, time, user ID and user workstation ID associated with: | |
| 1) File maintenance transactions (i.e. add, update transactions) | [] |
| 2) Incident history | [] |
| c. Sign-on and sign-off procedure with passwords to control workstation use: | |
| 1) Password shall not be displayed when input | [] |
| 2) Password size shall be 6-25 characters | [] |
| 3) Ability for individual system users to change their own password | [] |
| 4) Ability for supervisors to delete/modify users and passwords | [] |
| 5) Ability to require periodic changing of password | [] |
| 6) Ability for the system administrator to define expiration of passwords | [] |
| 7) Ability for the systems administrator to temporarily change password (The system shall request a new password when the user signs-on.) | [] |
| d. Ability to notify supervisors and log all unsuccessful application system sign-on attempts: | |
| 1) Workstation ID | [] |

| B. GENERAL SYSTEM REQUIREMENTS (Continued) | RESPONSE |
|--|---------------------------------|
| 2) Date and time 3) User ID and password attempted | [] [] |
| e. Ability to restrict user access or group access to files and data fields for specified transactions: | |
| 1) Inquiry 2) Add/create 3) Modify 4) Delete 5) Print | [] [] [] [] [] |
| f. Ability to assign security access by either user ID, physical device, or group of users (i.e. all dispatchers) | [] |
| g. Ability to track every transaction by user ID and date and time for audit trail of updates to database | [] |
| h. Ability to identify individual system users by user ID, user name, and workstation number | [] |
| i. Ability to automatically log-off workstation after period of inactivity, definable by user or workstation | [] |
| j. Ability to display date and time of last session when user signs-on | [] |
| 3. Performance and Redundancy | |
| a. Query response time shall be less than 2 seconds, 98% of the time (i.e. total response time from entry of transaction to appearance of pertinent data on the screen) | [] |
| b. Ability to archive data | |
| 1) Detail data 2) Summary data | [] [] |
| c. Ability to restore archive data for online access | [] |
| 4. Documentation | |
| <p>Overview - The system shall allow for online context-sensitive help features and provide the user with help information regarding the operation in progress. Current documentation describing system design, operation, troubleshooting and performance tuning shall be made available to the system administrator. Documentation provided by vendor shall reflect all customization of software and system configuration provided by vendor.</p> | |

| B. GENERAL SYSTEM REQUIREMENTS (Continued) | RESPONSE |
|---|-----------------|
| a. Online context-sensitive help functions | [] |
| b. Online tutorial | [] |
| c. Online documentation | [] |
| d. Keyboard templates | [] |
| e. System design documentation including functional descriptions, screen layout, file layouts, data dictionary, database design, and program design | [] |
| f. User's Guide | [] |
| g. System Administrator's Guide | [] |
| h. Performance Tuning and Troubleshooting | [] |
| i. Hardware/Network Diagram | [] |

C. RMS GENERAL REQUIREMENTS**RESPONSE**

The following functional requirements apply to general features and functionality of the overall system.

1. Major Functions and Features

- | | |
|---|-----|
| a. Provide standard keyboard function keys across all RMS modules to avoid remapping keys | [] |
| b. Ability to perform functions with minimal keystrokes | [] |
| c. Provide pull-down menus/windows | [] |
| d. Ability to move forward and backward to complete data fields without having to retype the entire field or delete field spaces (i.e. insert and delete) | [] |
| e. Ability to toggle or hot key to any screen, table or application | [] |
| f. Provide "type ahead" capabilities to allow data entry during computer processing | [] |
| g. Ability to advise users of data entry or command errors with clear and concise messages | [] |
| h. Display data entry or command errors | [] |
| i. Display system messages | [] |
| j. Provide help facility via function key or button from any screen or field | [] |
| k. Ability for administrator to edit/add to on-line help text | [] |
| l. Ability to use upper and lower case letters | [] |
| m. Ability to define fields as all upper or lower case letters | [] |
| n. Ability to process dates as MM/DD/CCYY | [] |
| o. Ability to handle year/century change without operator or vendor intervention | [] |
| p. Ability to log times in 12-hour format (i.e. hour/minute/second AM/PM) and 24-hour format | [] |
| q. Provide name search capability via: | |
| 1) Wild cards | [] |
| 2) Soundex (first and last name) | [] |

| C. RMS GENERAL REQUIREMENTS (Continued) | RESPONSE |
|---|---|
| <p>(In an attachment, or immediately below this requirement, please provide a description of Attachment? Soundex algorithm(s) that will be used)</p> <p>3) Any field or combination of fields</p> | <p>Y/N/ <input type="checkbox"/> <input type="checkbox"/></p> |
| r. Ability to perform a string search on any narrative text | [<input type="checkbox"/>] |
| s. Ability to validate entries against the following data types: | |
| 1) Date (i.e. past date, current date, future date, logical date parameters) | [<input type="checkbox"/>] |
| 2) Numeric | [<input type="checkbox"/>] |
| 3) Alpha | [<input type="checkbox"/>] |
| 4) Alpha numeric | [<input type="checkbox"/>] |
| 5) Code tables | [<input type="checkbox"/>] |
| t. Ability to have system automatically convert date to day of the week | [<input type="checkbox"/>] |
| u. Ability to default screens to display all fields, with optional ability to set parameters to suppress display of fields with no data and fields with sensitive data (i.e. juvenile-related data) | [<input type="checkbox"/>] |
| v. On all screens and fields, validate entry of coded fields against the appropriate code table; if invalid entry, the following should occur: | |
| 1) Highlight field on screen | [<input type="checkbox"/>] |
| 2) Display appropriate error messages | [<input type="checkbox"/>] |
| 3) Display pop-up or pull down window containing the valid entries (code and code description) for the field | [<input type="checkbox"/>] |
| 4) Pop-up or pull down window of valid field entries should be: | |
| • Scrollable | [<input type="checkbox"/>] |
| • Searchable by code value or description | [<input type="checkbox"/>] |
| 5) Provide ability to update table with new entries, changes or deletions | [<input type="checkbox"/>] |
| 6) Select valid entry and return to entry screen without losing data | [<input type="checkbox"/>] |
| w. Code tables should be user definable | [<input type="checkbox"/>] |
| x. Provide ability for all code tables to: | |
| 1) Search by code and go directly to the corresponding code entry and description | [<input type="checkbox"/>] |

| C. RMS GENERAL REQUIREMENTS (Continued) | RESPONSE |
|---|-----------------|
| 2) If no match entry, the entry with the next greater code is displayed | [] |
| y. Provide hot key or button that displays the code table screen whenever cursor is on a field that contains or requires a code table entry (i.e. violation type) | [] |
| z. Provide consistent, common screen formats system-wide which display the following information: | |
| 1) Current system date | [] |
| 2) Current time | [] |
| 3) Screen name/description | [] |
| 4) User ID | [] |
| 5) Current screen number and total number of screens (i.e. page 1 of #) | [] |
| aa. Provide quick method to access any screen or transaction through: | |
| 1) Tool bar button | [] |
| 2) Pull down menus | [] |
| 3) Function key | [] |
| bb. When multiple screens exist, provide quick method to page forward, backward, "go to" or scroll using any of the following: | |
| 1) Page Up, Page Down keys | [] |
| 2) Function keys | [] |
| 3) Arrow keys | [] |
| 4) Mouse | [] |
| cc. Provide quick method to erase or cancel the screen entry prior to update (i.e. refresh screen) | [] |
| dd. Ability to update system information in real-time with each transaction | [] |
| ee. Ability to identify (i.e. highlight in a different color) required entry fields | [] |
| ff. Ability to automatically "save" and "log-off" via a hot button or function key | [] |
| gg. Ability to produce ad hoc reports on-line without degradation to system performance | [] |
| hh. Ability to print screens (including any error messages) | [] |

| C. RMS GENERAL REQUIREMENTS (Continued) | RESPONSE |
|--|-----------------|
| ii. Ability to change print location and print to a different location | [] |
| 2. Security and User Profiles | |
| a. Security levels and user profiles should be definable by the State | [] |
| b. Provide user security at the following levels: | |
| 1) Application/subsystem | [] |
| 2) Screen/transaction | [] |
| 3) Record | [] |
| 4) Field | [] |
| c. Maintain the following user security information and audit trail: | |
| 1) User ID | [] |
| 2) User name | [] |
| 3) Security level | [] |
| 4) Last inquiry, update or delete--date, time, user initials, transactions | [] |
| d. Ability to maintain a history of de-activated user IDs and prevent using de-activated user IDs when adding new users | [] |
| e. Ability to provide the following security features: | |
| 1) Ability to provide appropriate security access to correspond with a user name and password | [] |
| 2) Ability to prevent any external agency from having access to update, alter or delete data | [] |
| 3) Ability to "hide" information from displaying (i.e. juvenile-related information) | [] |
| 4) Ability for users' security access to be modified | [] |
| 5) Ability for all passwords to be changed at agency-defined intervals, by user, with the ability to set a global maximum time | [] |
| 6) Ability to define what information will display on screen by security level | [] |
| f. Ability to prevent display, viewing and printing of passwords | [] |
| g. Ability to encrypt passwords | [] |
| h. Ability to maintain user profiles, including: | |
| 1) User ID | [] |

| C. RMS GENERAL REQUIREMENTS (Continued) | RESPONSE |
|---|---------------------------------|
| 2) User name 3) Title/Role (i.e. Chief) 4) Location 5) Default printer location/address 6) Date of last update and user ID that performed the update | [] [] [] [] [] |
| i. Ability to log date, time and user ID associated with: | |
| 1) File maintenance transactions (i.e. create, read, add, update, delete transactions) | [] |
| 2) Transaction entries | [] |
| 3) Any report sent to a printer | [] |
| j. Ability to track user sign-on/off times for time reporting purposes | [] |
| k. Ability to display announcements, post orders, and post-operational changes as required to the screen upon login which will require the user to acknowledge this information before continuing | [] |
| l. Ability to flag a data element as sealed/expunged for security purposes | [] |
| m. Ability to highlight, flag, or otherwise alert users with the appropriate security access that a record or data element is to be sealed/expunged | [] |
| n. Ability to alert users without appropriate security access of "access denied" when searching for a sealed/expunged item | [] |
| o. Ability to alert users to seal an item if user-defined file parameters (i.e. for sealing) are met | [] |
| p. Ability to note sealed/expunged items as "confidential" when included in a print | [] |
| q. Ability to sort sealed/expunged items at the beginning/end when included in a hardcopy printout | [] |
| r. Ability to approve a record | [] |
| s. Ability to lock a record once a record has been approved | [] |
| 3. Reporting and Output (Note: Detailed management reports identified in later sections) | |

| C. <i>RMS GENERAL REQUIREMENTS (Continued)</i> | <i>RESPONSE</i> |
|---|------------------------|
| a. Ability to generate ad hoc reports using 4th generation, user-friendly applications | [] |
| b. Ability to print all tables and screens (long and short versions) by ranges | [] |
| c. Ability to schedule and automatically generate daily, weekly, monthly, annual, and user-defined date range reports based on a pre-determined scheduled, and based on request | [] |
| d. Ability to selectively edit and/or print information | |
| 1) Print single record | [] |
| 2) Print group/all records | [] |
| 3) Print all except specific records | [] |
| e. Ability to extract and download data to an off-the-shelf spreadsheet program (i.e. Excel, as appropriate) | [] |
| f. Ability to selectively download data to a PC workstation using a menu selection, function key, or command | [] |
| g. Capability when printing reports to: | |
| 1) Determine length of report prior to printing (i.e. number of pages) | [] |
| 2) Queue reports for later printing | [] |
| 3) Select printer | [] |
| 4) Specify number of copies | [] |
| 5) Specify page ranges and multiple pages | [] |
| 6) Cancel report print jobs | [] |
| h. Ability to send reports to screen (on-line viewing) | [] |
| i. Ability to E-mail reports | [] |
| j. Ability to track the following information when a report is printed: | |
| 1) User ID | [] |
| 2) Number of pages printed | [] |
| 3) Destination of report printed (i.e. user, courts, insurance company) | [] |
| k. Ability to create and automatically generate notification letters, courtesy notices and forms on-line as a result of transactions processed | [] |

| C. <i>RMS GENERAL REQUIREMENTS (Continued)</i> | <i>RESPONSE</i> |
|--|------------------------|
| l. Ability to mail merge names and addresses into standard notices, letters and forms | [] |
| m. Ability to print agency logos on reports and forms | [] |
| n. Provide tools to generate user-defined, customized screens, forms and reports | [] |
| 4. Documentation | |
| a. Ability to maintain on-line user-defined, agency-specific documentation and procedures: | |
| 1) Provide spell check capability | [] |
| 2) Searchable by key words | [] |
| 3) Download information from existing text files | [] |
| 4) Glossary of terms | [] |
| 5) Definitions | [] |
| 6) Staff procedures/ready references | [] |
| 7) Standard operating procedures | [] |
| 8) Policy/procedure statements | [] |
| 9) Statutes and codes | [] |
| b. Ability to track user ID and revision dates when on-line user documentation is revised/changed | [] |
| c. The system should allow for on-line context-sensitive help features and provide the user with the ability to access directly on the screen help information regarding the operation in progress | [] |
| d. A full set of user documentation should be available in English detailing the functionality of each application. User documentation should be in narrative form and should be understandable to non-technical users. Also, an on-line version of this documentation is desired to allow key word searching to facilitate location of the needed text. Current documentation describing systems design, operations, troubleshooting, and performance tuning should be made available to the systems administrator. | |
| 1) On-line context-sensitive help functions | [] |
| 2) On-line user-friendly tutorial | [] |
| 3) Site-specific on-line documentation and user guide | [] |
| 4) System design documentation describing file layouts and program design | [] |
| 5) User's Guide | [] |
| 6) System Administrator's Guide | [] |

5. *Data Purge Capabilities*

- | | |
|---|-------|
| a. Ability for individual agencies to establish and modify agency-specific purge criteria | [] |
| b. Ability to selectively edit and purge information (based on security level): | |
| 1) Purge single record | [] |
| 2) Purge group/all records (by criteria such as dates) | [] |
| 3) Purge all except specific records | [] |
| c. Ability to selectively edit and purge case information to comply with mandated record sealing: | |
| 1) Purge single record | [] |
| 2) Purge group/all records | [] |
| 3) Purge all except specific records | [] |
| 4) Purge specific information from a single record | [] |
| d. Ability to generate hard copy listing of purged data | [] |
| e. Ability to selectively purge records and subject information based on user defined criteria (i.e. date, age, incident type) | [] |
| f. Ability to establish summary and purge criteria for on-line information and off-line storage | [] |
| g. Purge criteria should be Sheriff defined and Sheriff specific | [] |
| h. Ability to print report identifying records that will be purged in a specific date range (i.e. day, week, month) | [] |

6. *Integration with Other Systems*

- | | |
|--|-------|
| a. Ability to access the RMS system from remote PCs with appropriate security | [] |
| b. Ability to access the RMS system using World Wide Web (WWW) protocols | [] |

Overview

The Master Name File incorporates subject records from various sources. Individuals identified in incident or crime reports (i.e. suspect, victim, witness, complainant, department names) should be stored. Field interview records, missing person reports, and other name based data entry should be indexed to this file. The software should provide a means for name search (including aliases) both by exact spelling and by phonetic (Soundex) search capability. The system should perform validation by preventing duplicate names from being entered.

1. Major Functions and Features

- a. Ability to create and maintain basic master name file record:
 - 1) Name []
 - 2) Aliases []
 - 3) Date of birth []
 - 4) Gender []
 - 5) Involvement (i.e. suspect, witness, victim) []
 - 6) Related report number []
 - 7) Crime type(s) []
 - 8) Known associates (multiple) []
- b. Input to the Master Name Index should automatically be derived from the following areas:
 - 1) Offense report []
 - 2) Arrest – Adult and Juvenile []
 - 3) Case reports []
 - 4) Field contact/interview []
 - 5) Citations []
 - 6) Collision reports []
 - 7) Property report []
 - 8) Other []
- c. Ability to track the following changes for an individual over time:
 - 1) Physical description changes []
 - 2) Address changes []
 - 3) Phone number changes []
 - 4) Drivers license changes []
 - 5) Name changes []

D. MASTER NAME FILE (Continued)**RESPONSE****d. Ability to create and maintain detailed subject records (adult and juvenile):**

- | | |
|---|-----|
| 1) Full name (i.e. first, middle, last, hyphenated last, and suffix - Jr., Sr.) | [] |
| 2) Aliases/AKA | [] |
| 3) Monikers | [] |
| 4) Address (Multiple) | [] |
| 5) Telephone number (Multiple) | [] |
| 6) Relatives (Multiple) | |
| a) Name | [] |
| b) Address | [] |
| c) Telephone Number (Multiple) | [] |
| 7) Employer (Multiple) | |
| a) Occupation | [] |
| b) Name | [] |
| c) Address | [] |
| d) Telephone number (Multiple) | [] |
| 8) Date of birth | [] |
| 9) Place of birth | [] |
| 10) Gender | [] |
| 11) Race | [] |
| 12) Height | [] |
| 13) Weight | [] |
| 14) Hair color | [] |
| 15) Eye color | [] |
| 16) Special characteristics (i.e. scars, marks, tattoos) | [] |
| 17) Social security number (Multiple) | [] |
| 18) Drivers license number and state (Multiple) | [] |
| 19) Physical description | [] |
| 20) Fingerprints on file | [] |
| 21) Photo on file | [] |
| 22) ID coding | |
| a) Fingerprint | [] |
| b) DNA | [] |
| c) FBI | [] |
| d) State ID | [] |
| 23) Narrative or comment field | [] |

e. Ability to "flag" or indicate the following information associated with a subject record:

- | | |
|------------------------------|-----|
| 1) Juvenile | [] |
| 2) Registered sex offender | [] |
| 3) Registered drug offender | [] |
| 4) Registered arson offender | [] |

f. Ability to verify and edit names based on:

- | | |
|-----------|-----|
| 1) Name | [] |
| 2) Gender | [] |

| | |
|--|-----------------|
| D. MASTER NAME FILE (Continued) | RESPONSE |
|--|-----------------|

- | | |
|--|-------|
| 3) Date of birth | [] |
| 4) Drivers license number | [] |
| 5) Address | [] |
| 6) Local arrest number | [] |
| | |
| g. Ability to perform Soundex name search on both: | |
| 1) Full or partial name (first or last name) | [] |
| 2) Alias(es) | [] |
| | |
| h. Ability to limit search by additional criteria (i.e. date of birth, gender) | [] |
| | |
| i. Ability to track date of last record activity (i.e. addition, edit, new report) | [] |
| | |
| j. Ability to create and maintain registrant conviction and location information: | |
| 1) Conviction, jurisdiction, and case number | [] |
| 2) Prior addresses | [] |
| 3) Current address | [] |
| 4) Type of registrant (i.e. gender, narcotics, arson) | [] |
| 5) Last registration date | [] |
| | |
| k. Ability to cross reference master name file to all other records associated with an individual: | |
| 1) Arrest/booking (i.e. fingerprints/mug shots on file) | [] |
| 2) Incident and crime reports | [] |
| 3) Field interviews | [] |
| 4) Property and evidence | [] |
| 5) Active/inactive status | [] |
| 6) Scanned Images (i.e. photos, evidence) | [] |
| | |
| l. Ability to combine records of an individual if they have been entered under different names and to automatically track those names as aliases of the individual | [] |

2. Reports and Output

- | | |
|--|-------|
| a. Ability to print confirmation listing prior to purging records | [] |
| | |
| b. Ability to search Master Name Index by any field in the incident record using relational criteria and logical operators | [] |
| | |
| c. Ability to preview search results prior to printing | [] |

| D. MASTER NAME FILE (Continued) | RESPONSE |
|--|-----------------|
|--|-----------------|

| | |
|-----------------------------|--|
| 3. On-line Inquiries | |
|-----------------------------|--|

- | | |
|---|-----|
| a. Ability to search for and retrieve master name file based on any user defined criteria | [] |
| b. Ability to inquire records using partial information | [] |
| c. Ability to display index of automated records associated with individual name inquiry | [] |
| d. Ability to select and view detailed online record from index listing, ability to return to index listing with single transaction | [] |

Overview

Incident and Crime Reports include documentation of criminal activity as well as investigation of non-criminal incidents.

The PSD anticipates using the following approach to incident reporting with the new system: Incident reports may be completed for any incident that requires documentation. Normally, incidents would originate from dispatched calls for service.

The software should produce the required monthly Uniform Crime Report (UCR) and NIBRS (National Incident Based Reporting System) reporting.

1. Major Functions and Features

- a. Ability to capture and maintain the following crime report information (* indicates NIBRS):

- | | |
|---|-----|
| 1) Incident number* | [] |
| 2) Case number* (multiple) | [] |
| 3) Type of incident* (i.e. burglary) | [] |
| 4) Report type (original, supplement) | [] |
| 5) Code section* (i.e. penal, health & safety) | [] |
| 6) Crime classification* | [] |
| 7) Date/time/day occurred* (or range) | [] |
| 8) Date/time reported* (or range) | [] |
| 9) Location (i.e. address is verified against a geographic file) to include: | |
| a) Reporting district | [] |
| b) Patrol beats | [] |
| c) Areas | [] |
| 10) Persons involved (master name index) | |
| a) Name | [] |
| b) Address | [] |
| c) Date of birth* | [] |
| d) Disposition* (if juvenile) | [] |
| e) Physical descriptors (i.e. height, weight) | [] |
| f) Race* | [] |
| g) Gender* | [] |
| h) Drug/alcohol intoxication* | [] |
| i) Occupation | [] |
| j) Resident status* | [] |
| k) Business address | [] |
| l) Work and home telephone numbers | [] |
| m) Involvement* (i.e. victim, witness, suspect, investigative lead, business names) | [] |
| n) Relationship to perpetrator / defendant* | [] |
| o) Charges/arrest information | [] |

| E. INCIDENT AND CRIME REPORTING (Continued) | RESPONSE |
|---|-----------------|
| p) Driver's license number | [] |
| q) Social security number | |
| r) State ID | [] |
| 11) Vehicles involved (master vehicle index) | |
| a) Make | [] |
| b) Model | [] |
| c) Color | [] |
| d) Body style | [] |
| e) License and State | [] |
| f) VIN | [] |
| g) Description | [] |
| h) Disposition | [] |
| i) Stolen or recovered | [] |
| j) Impound/releasable | [] |
| 12) Property stolen/recovered (master property index) | |
| a) UCR type* | [] |
| b) Local type | [] |
| c) Value* | [] |
| d) Serial number | [] |
| e) Description | [] |
| f) Date stolen | [] |
| g) Recovery date* | [] |
| 13) Seized drugs | |
| a) Type* | [] |
| b) Quantity* | [] |
| 14) Summary/narrative | [] |
| 15) Disposition | [] |
| 16) Reporting Sheriff | [] |
| 17) Solvability factors | [] |
| 18) Crime analysis coding | |
| a) Premise type* (i.e. terminal, bank, bar, church, office, liquor store) | [] |
| b) Method* | [] |
| c) Point of entry | [] |
| d) Weapon/device involved* | [] |
| e) Motive* | [] |
| f) Estimated loss | [] |
| g) Extent of injuries | [] |
| h) Property recovered | [] |
| 19) Latent prints taken (Y/N) | [] |
| 20) Offense report completed* (flag) | [] |
| 21) Specified crime* (flag) | [] |
| 22) Medical attention required? | [] |
| 23) Hospital (from predefined list) | [] |
| 24) Attending physician | [] |
| 25) Nature of injuries* | [] |
| b. Ability to cross-reference associated cases with a crime report | [] |

E. INCIDENT AND CRIME REPORTING (Continued)**RESPONSE**

- c. Ability to cross reference case numbers to all subsequent reports filed for an incident:
 - 1) Supplemental reports []
 - 2) Arrest and booking []
 - 3) Property and evidence []
 - 4) Accident report []
- d. Ability to perform on-line validation of data entry:
 - 1) Case number []
 - 2) Report type []
 - 3) Crime classification []
 - 4) Reporting district []
 - 5) Disposition []
 - 6) Crime analysis coding []
 - 7) Logical date sequence []
- e. Ability to export to PC word processing software to create integrated narrative for original and supplemental reports []
- f. Ability for supervisors to review/ approve reports on-line []
- g. Ability to identify assigned reports not completed or missing []
- h. Ability to easily navigate between screens associated with a report for the review/approval of the report []
- i. Ability to generate hard copy listing of purged data []
- j. Ability to track case classification changes:
 - 1) Original/dispatched as []
 - 2) Sheriff []
 - 3) Investigative re-classification []

Field Interviews (FI)

- k. Ability to create and maintain field interview records:
 - 1) Name []
 - 2) Address []
 - 3) SSN []
 - 4) Height []
 - 5) Weight []
 - 6) Birth date []
 - 7) Age []
 - 8) Clothing []
 - 9) Personal oddities/Tattoos/Birthmarks []

| E. INCIDENT AND CRIME REPORTING (Continued) | RESPONSE |
|--|--|
| 10) Gender 11) Race 12) Hair 13) Eyes 14) Alias 15) Phone number 16) Business address 17) Beat 18) Location of interview 19) Date 20) Time 21) Vehicle information 22) Gang affiliation 23) Group relation 24) Sheriff ID number 25) Supervisor ID number | [] [] [] [] [] [] [] [] [] [] [] [] [] [] |
| l. Ability to enter purge date for FI records | [] |
| 2. Reports and Output | |
| a. Ability to print individual case detail report | [] |
| b. UCR reports should at a minimum include: | |
| 1) Monthly Return of Offenses known to Sheriff 2) Property Stolen by Classification 3) Additional Analysis of Larceny and Auto Theft 4) Supplement to Return A - Evaluation of Stolen Property 5) Monthly Returns of Arson Offenses 6) Property recovered sorted by property classification 7) Age, Gender and Race of Person Arrested - 18 & Over 8) Age, Gender and Race of Person Arrested - Under 18 9) Violent crimes to senior citizens 10) Domestic violence 11) Arrest and Citation Register (JUS 570) 12) Law Enforcement Sheriff killed or assaulted report 13) Hate crime statistics for reporting period 14) Supplemental homicide 15) All other reports required by the Department of Justice (DOJ) | [] [] [] [] [] [] [] [] [] [] [] [] [] [] |
| c. Ability to print listing of related case and other types of reports | [] |
| d. Ability to track or print a list of open or unapproved case reports (tickler for follow-up): | |

| E. INCIDENT AND CRIME REPORTING (Continued) | RESPONSE |
|---|-----------------|
| 1) By Sheriff | [] |
| 2) By date | [] |
| e. Ability to selectively print incident and crime report information | [] |
| 3. On-line Inquiries | |
| a. Ability to view individual incident and crime reports (including narrative) on-line | [] |
| b. Ability to retrieve records by single or combined criteria: | |
| 1) Case number | [] |
| 2) Date or date range | [] |
| 3) Day of week | [] |
| 4) Involved party name | [] |
| 5) Involved party description | [] |
| 6) Location/reporting district | [] |
| 7) Crime classification | [] |
| 8) Reporting Sheriff | [] |
| 9) Vehicle description | [] |
| 10) Time of day | [] |
| 11) Any field in record | [] |
| 4. Interfaces | |
| a. Ability to support field entry of crime and incident reports on laptops for upload to RMS | [] |
| 5. Other | |
| a. Ability to support National Incident Based Reporting System (NIBRS) format if/when Honolulu adopts NIBRS reporting | [] |

Overview

The property and evidence application involves the receipt, tracking, storing and disposition of all property received and secured by the Sheriff. All property entering the system is associated with an incident report describing how the property was obtained. Chain of custody would be tracked as the items are checked in, checked out, moved, disposed of, or released to owner.

1. Major Functions and Features

- a. Ability to capture and maintain the following property information:

| | | |
|--|---|---|
| 1) Incident number | [|] |
| 2) Case number | [|] |
| 3) Crime classification | [|] |
| 4) Item number | [|] |
| 5) Property type (i.e. found, safekeeping, evidence) | [|] |
| 6) Category (i.e. photo, jewelry, narcotics) | [|] |
| 7) Serial number | [|] |
| 8) Owner applied number | [|] |
| 9) Description | [|] |
| 10) Quantity | [|] |
| 11) Size/caliber | [|] |
| 12) Owner name | [|] |
| 13) Disposition | [|] |
| 14) Days held | [|] |
| 15) Property status | [|] |
| 16) Destruction/release date | [|] |
| 17) Property value | | |
| 18) Storage location | [|] |
| 19) Scanned image (i.e. photos, evidence) | [|] |

- b. Ability to capture and maintain bicycle-related information, including:

| | | |
|--------------------------|---|---|
| 1) Serial number | [|] |
| 2) Manufacturer or brand | [|] |
| 3) License number | [|] |
| 4) Description | [|] |
| 5) Speed | [|] |
| 6) Size | [|] |
| 7) Boys/girls/unisex | [|] |
| 8) Color | [|] |

- c. Ability to track current location of evidence (chain or audit trail of evidence):

| | | |
|-------------------|---|---|
| 1) Checked out by | [|] |
|-------------------|---|---|

| F. PROPERTY AND EVIDENCE | RESPONSE |
|---|-----------------|
| 2) Checked in by | [] |
| 3) Date/time checked out/in | [] |
| 4) Check out reason | [] |
| 5) Destination/location | [] |
| 6) Actual return date | [] |
| 7) Comment field | [] |
| d. Ability to capture evidence and stolen property numbers separately | [] |
| e. Ability to print and utilize bar code labels and portable reader(s) for property management: | |
| 1) Entry | [] |
| 2) Status change | [] |
| 3) Date of status change | [] |
| 4) Inventory | |
| f. Ability for user-defined review/disposition dates based on: | |
| 1) Days property/evidence held | [] |
| 2) Property/evidence type | |
| g. Ability to automatically notify property clerk if the case disposition has been changed (to allow release/disposal of property): | |
| 1) Any disposition change via message | |
| h. Ability to validate at time of data entry: | |
| 1) Case number | [] |
| 2) Property type | [] |
| 3) Category | [] |
| 4) Disposition | |
| i. Ability to change case number on groups of property/evidence items with single entry or command | [] |
| j. Ability to update next review date for all items associated with a case using one transaction | [] |

2. Reports and Output

- | | |
|--|-----|
| a. Ability to create a stolen property inventory listing by: | |
| 1) Category | [] |
| 2) Case number | [] |
| 3) Item number | [] |
| 4) Owner number | [] |

| F. PROPERTY AND EVIDENCE | RESPONSE |
|---------------------------------|-----------------|
|---------------------------------|-----------------|

- | | |
|---|-----|
| 5) Manufacturer (Brand) | [] |
| 6) Make | [] |
| 7) Model | [] |
| 8) Serial number | [] |
| 9) Description | [] |
| 10) Storage location | [] |
| b. Ability to list property due for disposition review by date (i.e. disposal, release) | [] |
| c. Ability to print monthly Activity Summary Report: | |
| 1) Cases in | [] |
| 2) Cases disposed | [] |
| 3) Number of new items | [] |
| 4) Number of new items disposed | [] |

3. On-line Inquiries (OPTIONAL)

- | | |
|--|-----|
| a. Ability to sort and select property reports by: | |
| 1) Case number | [] |
| 2) Serial number | [] |
| 3) Description | [] |
| 4) Item | [] |
| 5) Category | [] |
| 6) Date received | [] |
| 7) Owner | [] |
| 8) Storage location | [] |
| 9) Tickler date | [] |
| 10) Sheriff ID | [] |
| 11) Other | [] |

2.03 HAWAII DEPARTMENT OF PUBLIC SAFETY RESPONSIBILITIES

1. Work with vendor in updating lookup tables for the application.
2. Participate in the functional demonstration and acknowledge completion of the installation
3. Conduct user testing of the application.
4. Identify in writing any discrepancies in system functionality.
5. Purchase the software licenses required by the application.

2.04 TERM OF CONTRACT

The contract shall be for a period of **twenty-four (24) months** beginning approximately on **April 1, 2010** and ending **March 31, 2012**. Unless terminated, the Contractor and the State may extend the term of the contract for an additional period of up to six months or portions thereof without the necessity of re-bidding, upon mutual agreement in writing at least sixty (60) days prior to the expiration of the contract. The contract price or commission paid to the Contractor for the extended period shall remain the same or be renegotiated for a lesser rate.

When interests of the State or the Contractor so require, the State or the Contractor may terminate the contract for convenience by providing six (6) weeks prior written notice to the contracted parties.

SECTION THREE

PROPOSAL FORMAT AND CONTENT

3.01 INTRODUCTION

One of the objectives of this RFP is to make proposals preparation easy and efficient, while giving Applicants ample opportunity to highlight their proposals. The evaluation process must also be manageable and effective. When an Applicant submits a proposal, it shall be considered a complete plan for accomplishing the tasks described in this RFP and any supplemental tasks the Applicant has identified as necessary to successfully complete the obligations outlined in this RFP.

The proposal shall describe in detail the Applicant's ability and availability of services to meet the goals and objectives of this RFP as stated in **Section 2.02 SCOPE OF WORK**.

Proposals must:

1. Include a transmittal letter to confirm that the Applicant shall comply with the requirements, provisions, terms, and conditions specified in this RFP.
2. Include signed Offer Form OF-1 with the complete name and address of Applicant's firm and the name, mailing address, telephone number, and fax number of the person the State should contact regarding the Applicant's proposal.
3. If subcontractor(s) will be used, append a statement to the transmittal letter from each subcontractor, signed by an individual authorized to legally bind the subcontractor and stating:
 - a. The general scope of work to be performed by the subcontractor;
 - b. The subcontractor's willingness to perform for the indicated.
4. Provide all of the information requested in this RFP in the order specified.
5. Be organized into sections, following the exact format using all titles, subtitles, and numbering, with tabs separating each section described below. Each section must be addressed individually and pages must be numbered.
 - a. Transmittal Letter
See Section Six, Attachment 1, Offer Form OF-1.
 - b. Experience and Capabilities.
 - 1) Client listing.
 - 2) Number of years in business.
 - 3) Listing of key personnel and associated resumes for those who will be dedicated to this contract.
 - 4) Listing of references.
 - 5) Summary listing of judgments or pending lawsuits or legal actions.
 - 6) Samples of projects similar to those described in this RFP.

- c. Proposal including an overall strategy, timeline and plan.
- d. Pricing.
See Section Six, Attachment 2, Offer Form OF-2.
- e. Exceptions.

3.02 EXPERIENCE AND CAPABILITIES

- (1) Provide a complete, related and current client listing.
- (2) Indicate the number of years Applicant has been in business and the number of years Applicant has performed services specified by this RFP.
- (3) Include a list of key personnel and associated resumes for those who will be dedicated to this project.
- (4) Applicant shall include a list of at least three (3) references from the Applicant's client listing that may be contacted by the State as to the Applicant's past and current job performance. Applicant shall provide names, titles, organizations, telephone numbers, email and postal addresses.
- (5) Provide a summary listing of judgments or pending lawsuits or actions against; adverse contract actions, including termination(s), suspension, imposition of penalties, or other actions relating to failure to perform or deficiencies in fulfilling contractual obligations against your firm. If none, so state.
- (6) Provide sample projects and/or examples of written plans.

3.03 PROPOSAL, STRATEGY AND PROJECTED TIMETABLE

Applicant shall submit a proposal that includes an overall strategy, timeline and plan for the work proposed as well as expected results and possible shortfalls.

3.04 PRICING

Refer to Section Six, Attachment 2, for Offer Form OF-2.

3.05 EXCEPTIONS

Applicant shall list any exceptions taken to the terms, conditions, specifications, or other requirements listed herein. Applicant shall reference the RFP section where exception is taken, a description of the exception taken, and the proposed alternative, if any.

SECTION FOUR

EVALUATION CRITERIA AND CONTRACTOR SELECTION

Evaluation criteria and the associated points are listed below. The award will be made to the responsible Applicant whose proposal is determined to be the most advantageous to the State based on the evaluation criteria listed in this section.

The total number of points used to score this contract is 100.

1. Cost of services (30)

Maximum points awarded = 30 points x (lowest cost proposal / Bidder's cost proposal)

2. Number of Features (40)

Count the number of features checked / total number of features (453) x max points (40). One point credit is given to for Responses – “E”, “U”, “M” or “C”. No points are given for “R” nor “X”. Blank response is considered “X”.

3. Projects of Equal to or Greater than Size and Complexity within last 5 years (20)

Vendor will submit a list of their projects during the last 5 years. These projects will be of equal or greater size and complexity than the Department of Public Safety requested RMIS. Projects will be reviewed and rated for planning, completeness and timeliness.

4. Project Proposal (10)

Review and rate plan (8) and schedule (2).

SECTION FIVE

SPECIAL PROVISIONS

5.01 SCOPE

The RMS for the PSD LE Division shall be in accordance with this RFP, including the special provisions in this section, the Scope of Work specified herein, and the General Conditions (GC), included by reference and available on the internet at: <http://www4.hawaii.gov/StateFormsFiles/ag008.doc>.

5.02 RESPONSIBILITY OF APPLICANTS

Applicant is advised that if awarded a contract under this solicitation, Applicant shall, upon award of the contract, furnish proof of compliance with the requirements of §103D-310(c), HRS:

1. Chapter 237, tax clearance;
2. Chapter 383, unemployment insurance;
3. Chapter 386, workers' compensation;
4. Chapter 392, temporary disability insurance;
5. Chapter 393, prepaid health care; and
6. Chapter 103D-310(c), Certificate of Good Standing (COGS) for entities doing business in the State.

Refer to the Award of Contract provision herein for instructions on furnishing the documents that are acceptable to the State as proof of compliance with the above-mentioned requirements.

5.03 APPLICANT QUALIFICATIONS

Applicant shall meet all of the qualifications required by this RFP. Failure to meet the qualifications as specified in Section 3.20, Experience and Capabilities, will likely have an adverse affect on Applicant's proposal evaluation.

5.04 TERM OF CONTRACT

Successful Applicant shall be required to enter into a formal written contract to commence work on this project.

The term of the contract shall be for a thirty-month period starting on the official commencement date of the Notice to Proceed. Tentative contract period shall be from **April 1, 2010 up to and including March 31, 2012**.

When interests of the State or the Contractor so require, the State or the Contractor may terminate the contract for convenience by providing eight (8) weeks prior written notice to the contracted parties.

5.05 CONTRACT ADMINISTRATOR

For the purposes of this contract, Mr. Mike Mamitsuka, Supervisor, MIS, telephone number (808) 587-1190, or authorized representative, is designated the Contract Administrator.

5.06 OVERVIEW OF THE RFP PROCESS

- a. The RFP is issued pursuant to Subchapter 6 of HAR Chapter 3-122, implementing HRS Section 103D-303.
- b. The procurement process begins with the issuance of the RFP and the formal response to any written questions or inquiries regarding the RFP. Changes to the RFP will be made only by Addendum.
- c. Proposals shall not be opened publicly, but shall be opened in the presence of two (2) or more procurement officials. The register of proposals and Applicants' proposals shall be open to public inspection after posting of the award.

All proposals and other material submitted by Applicants become the property of the State and may be returned only at the State's option.

- d. The Procurement Officer, or an evaluation committee selected by the Procurement Officer, shall evaluate the proposals in accordance with the evaluation criteria in Section Four. The proposals shall be classified initially as acceptable, potentially acceptable, or unacceptable.
- e. Proposals may be accepted on evaluation without discussion. However, if deemed necessary, prior to entering into discussions, a "priority list" of responsible Applicants submitting acceptable and potentially acceptable proposals shall be generated. The priority list may be limited to a minimum of three responsible Applicants who submitted the highest-ranked proposals. The objective of these discussions is to clarify issues regarding the Applicant's proposal before the BAFO is tendered.
- f. If during discussions there is a need for any substantial clarification or change in the RFP, the RFP shall be amended by an addendum to incorporate such clarification or change. Addenda to the RFP shall be distributed only to priority listed Applicants who submit acceptable or potentially acceptable proposals.
- g. Following any discussions, Priority Listed Applicants will be invited to submit their BAFO, if required. The Procurement Officer or an evaluation committee reserves the right to have additional rounds of discussions with the top three (3) Priority Listed Applicants prior to the submission of the BAFO.
- h. The date and time for Applicants to submit their BAFO, if any, is indicated in Section 1.04, RFP Schedule and Significant Dates. If Applicant does not submit a notice of withdrawal or a BAFO, the Applicant's immediate previous offer shall be construed as its BAFO.

- i. After receipt and evaluation of the BAFOs in accordance with the evaluation criteria in Section Four, the Procurement Officer or an evaluation committee will make its recommendation. The Procurement Officer will award the contract to the Applicant whose proposal is determined to be the most advantageous to the State taking into consideration price and the evaluation factors set forth in Section Four.
- j. The contents of any proposal shall not be disclosed during the review, evaluation, discussion, or negotiation process. Once award notice is posted, all proposals, successful and unsuccessful, become available for public inspection. Those sections that the Applicant and the State agree are confidential and/or proprietary should be identified by the Applicants and shall be excluded from access.
- k. The Procurement Officer or an evaluation committee reserves the right to determine what is in the best interest of the State for purposes of reviewing and evaluating proposals submitted in response to the RFP. The Procurement Officer or an evaluation committee will conduct a comprehensive, fair and impartial evaluation of proposals received in response to the RFP.
- l. The RFP, any addenda issued, and the successful Applicant's proposal shall become a part of the contract. All proposals shall become the property of the State of Hawaii.

5.07 CONFIDENTIAL INFORMATION

If a person believes that any portion of a proposal, offer, specification, protest, or correspondence contains information that should be withheld as confidential, then the Procurement Officer named on the cover of this RFP should be so advised in writing and provided with justification to support confidentiality claim. Price is not considered confidential and will not be withheld.

An Applicant shall request in writing nondisclosure of designated trade secrets or other proprietary data considered confidential. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal.

Pursuant to HAR Section 3-122-58, the head of the purchasing agency or designee shall consult with the Attorney General and make a written determination in accordance with HRS Chapter 92F. If the request for confidentiality is denied, such information shall be disclosed as public information, unless the person appeals the denial to the Office of Information Practices in accordance with HRS Section 92F-42(12).

5.08 REQUIRED REVIEW

Applicant shall carefully review this solicitation for defects and questionable or objectionable matter. Comments concerning defects and questionable or objectionable matter must be made in writing and should be received by the PSD-ASO/PC prior to the deadline for written questions as stated in the RFP Schedule and Significant Dates, page 3. This will allow issuance of any necessary corrections and/or amendments to the RFP. It will help prevent the opening of a defective solicitation and exposure of Applicant's proposal upon which award could not be made. Any exceptions taken to the

terms, conditions, specifications, or other requirements listed herein, must be listed in the *Exceptions* section of the Applicant's proposal, if the exception is unresolved by the Proposal Due date.

5.09 QUESTIONS PRIOR TO OPENING OF PROPOSALS

All questions must be submitted in writing and directed to the PSD-ASO/PC, via mail, facsimile (808) 587-1244 or e-mail at marc.s.yamamoto@hawaii.gov. The State will respond to written questions by the date indicated in Section One, 1.04 RFP Schedule and Significant Dates, or as amended.

5.10 CANCELLATION OF RFP AND PROPOSAL REJECTION

The State reserves the right to cancel this RFP and to reject any and all proposals in whole or in part when it is determined to be in the best interest of the State, pursuant to HAR Section 3-122-96 through 3-122-97.

5.11 OFFER ACCEPTANCE PERIOD

The State's acceptance of offer, if any, will be made within sixty (60) calendar days after the opening of proposals. Prices or commissions quotes by the Applicant shall remain firm for a sixty (60) day period.

5.12 PROPOSAL AS PART OF THE CONTRACT

This RFP and all or part of the successful proposal may be incorporated into the contract.

5.13 CONTRACT MODIFICATIONS - UNANTICIPATED AMENDMENTS

During the course of this contract, the Contractor may be required to perform additional work that will be within the general scope of the initial contract. When additional work is required, the Contract Administrator will provide the Contractor a written description of the additional work and request the Contractor to submit a firm time schedule for accomplishing the additional work and a firm price for the additional work.

Changes to the contract may be modified only by written document (supplemental agreement) signed by the PSD and Contractor personnel authorized to sign contracts on behalf of the Contractor.

The Contractor will not commence additional work until a signed contract modification has been issued.

5.14 PROTEST

A protest shall be submitted in writing within five (5) working days after the aggrieved person knows or should have known of the facts giving rise thereto; provided that a protest based upon the content of the solicitation shall be submitted in writing prior to the date set for receipt of offers. Further provided that a protest of an award or proposed award shall be submitted within five (5) working days after the posting of award of the contract.

The notice of award, if any, resulting from this solicitation shall be posted on the Procurement Reporting System, which is available on the SPO website: <http://www.hawaii.gov/spo2/source/>.

Any protest pursuant to §103D-701, HRS, and Section 3-126-3, HAR, shall be submitted in writing to the Procurement Officer, PSD-ASO/PC, 919 Ala Moana Blvd., Room 413, Honolulu, Hawaii 96814.

5.15 DOWNLOADED SOLICITATION

Applicant is advised that if interested in responding to this solicitation, Applicant may choose to submit its offer on a downloaded document from the Internet **provided** Applicant registers its company by fax or e-mail for this specific solicitation. If Applicant does not register its company, Applicant will not receive addenda, if any, and its offer may be rejected and not considered for award.

5.16 GOVERNING LAW: COST OF LITIGATION

The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, shall be governed by the laws of the State of Hawaii. Any action at law or equity to enforce or interpret the provisions of this contract shall be brought in a state court or competent jurisdiction in Honolulu, Hawaii.

In case the State shall, without any fault on its part, be made a part to any litigation commenced by or against the Contractor in connection with this contract, the Contractor, shall pay all costs and expenses incurred by or imposed on the State, including attorneys' fees.

5.17 SUBMISSION OF PROPOSAL

The submission of a proposal shall constitute an incontrovertible representation by the Applicant of compliance with every requirement of the RFP, and that the RFP documents are sufficient in scope and detail to indicate and convey reasonable understanding of all terms and conditions of performance of the work.

Before submitting a proposal, each Applicant must:

- (1) Examine the solicitation documents thoroughly. Solicitation documents include this RFP, any attachments, plans referred to herein, and any other relevant documents;
- (2) Become familiar with State, local, and federal laws, statutes, ordinances, rules, and regulations that may in any manner affect cost, progress, or performance of the work.

5.18 PROPOSAL PREPARATION

- a. **OFFER FORM, page OF-1.** See Attachment 1. Proposals shall be submitted using Applicant's exact legal name as registered with the Department of Commerce and Consumer Affairs, if applicable; and to indicate exact legal name in the appropriate spaces on Offer Form page OF-1. Failure to do so may delay proper execution of the contract.

The authorized signature on the first page of the Offer Form shall be an original signature in ink. If unsigned or the affixed signature is a facsimile or a photocopy, the offer shall be automatically rejected unless accompanied by other material, containing an original signature, indicating the Applicant's intent to be bound.

- b. **Offer Guaranty.** An offer guaranty is NOT required for this RFP.
- c. **Tax Liability.** Work to be performed under this solicitation is a business activity taxable under Chapter 237, HRS, and if applicable, taxable under Chapter 238, HRS. Vendors are advised that they are liable for the Hawaii GET at the current 4% rate for all islands except Oahu, and 4.5% for the island of Oahu only, which includes the .5% assessment for the County Surcharge Tax (CST); and also liable for the applicable Use tax at the current at the rate of .5%. If, however, an Offeror is a person exempt by the HRS from paying the GET and therefore not liable for the taxes on this solicitation, Offeror shall state its tax exempt status and cite the HRS chapter or section allowing the exemption.
- d. **Taxpayer Preference.** For evaluation purposes, pursuant to Section 103-53.5, HRS, as amended, the price offer submitted by an Offeror not liable for the GET under this solicitation, shall be increased by the current rate of the GET. Under no circumstance shall the dollar amount of the award include the aforementioned adjustments.
- e. **Original Proposal and Copies to be Submitted.** Applicant shall submit one (1) original proposal marked "ORIGINAL" and five (5) copies of the original marked "COPY". It is imperative to note that the Applicant submit only one original and the required number of copies. DO NOT SUBMIT MORE THAN ONE ORIGINAL.

Applicant is encouraged to submit typewritten offers. If handwritten, it should be clearly printed. Applicant is cautioned that illegible offers of any item(s) may be automatically rejected to avoid any errors in interpretation by the reviewers during the evaluation process.
- e. Costs for developing the Proposal are solely the responsibility of the Applicant, whether or not any award results from this solicitation. The State of Hawaii will not reimburse such costs.
- f. All proposals become the property of the State of Hawaii.
- g. Copies of documents transmitted by Applicants via facsimile machines shall be limited to the modifications or withdrawal of an offer pursuant to HAR Sections 3-122-108 and 3-122-28, respectively.
- h. **Wage certificate.** The Offeror shall complete and submit a Wage Certificate by which the Offeror certifies that services required will be performed pursuant to §103-55, HRS.

5.19 SUBMISSION OF PROPOSAL

Offers shall be received at the PSD-ASO/PC, 919 Ala Moana Boulevard, Room 413, Honolulu, Hawaii 96814, no later than the date and time stated in Section 1.04, Significant Dates, as amended. Timely receipt of offers shall be evidenced by the date

and time registered by the PSD-ASO/PC time stamp clock. Offers received after the deadline shall be returned unopened.

If the Applicant chooses to deliver its offer by United States Postal Service (USPS), please be aware that the USPS does not deliver directly PSD-ASO/PC, but to a central mailroom. This may cause a delay in receipt by the PSD-ASO/PC and the offer may reach the PSD-ASO/PC after the deadline, resulting in automatic rejection.

5.20 PRICING

Pricing shall include labor, materials, supplies, all applicable taxes, and any other costs incurred to provide the specified services.

The pricing shall be the all-inclusive cost to the State and no other costs will be honored.

5.21 ECONOMY OF PRESENTATION

Proposals shall be prepared in a straightforward and concise manner, in a format that is reasonably consistent and appropriate for the purpose. Emphasis will be on completeness and clarity and content. If any additional information is required by the State regarding any aspects of the Applicant's proposal, it shall be provided within four (4) business days.

5.22 PROPOSAL OPENING

Proposals will be opened at the date, time, and place specified in Section One, or as amended. Proposals shall not be opened publicly, but shall be opened in the presence of two or more procurement officials. The register of proposals and Applicant's proposals shall be open to public inspection after all parties sign the contract.

5.23 EVALUATION OF PROPOSALS

The Procurement Officer, or an evaluation committee of at least three (3) qualified state employees selected by the Procurement Officer shall evaluate proposals. The evaluation will be based solely on the evaluation criteria set out in Section Four of this RFP.

Proposals shall be classified initially as acceptable, potentially acceptable, or unacceptable. Discussion may be conducted with priority listed Applicants who submit proposals determined to be acceptable or potentially acceptable of being selected for award, but proposals may be accepted without such discussions. The objective of these discussions is to clarify issues regarding the Applicant's proposals before the best and final offer, if necessary.

If numerous acceptable and potentially acceptable proposals are submitted, the evaluation committee may rank the proposals and limit the priority list to three responsive, responsible applicants who submitted the highest-ranked proposals.

5.24 DISCUSSION WITH PRIORITY LISTED APPLICANTS

Priority listed applicants shall have a discussion with the evaluation committee to discuss their proposal to ensure thorough, mutual understanding. The State in its sole discretion shall schedule the time and location for these discussions, normally within the timeframe indicated in Section 1.04.

5.25 CANCELLATION OF RFP AND PROPOSAL REJECTION

The State reserves the right to cancel this RFP and to reject any and all proposals in whole or in part when it is determined to be in the best interest of the State, pursuant to HAR Section 3-122-96 through 3-122-97.

The State shall not be liable for any costs, expenses, loss of profits or damages whatsoever, incurred by the Applicant in the event this RFP is cancelled or a proposal is rejected.

5.26 ADDITIONAL TERMS AND CONDITIONS

The State reserves the right to add terms and conditions during the contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluation.

5.27 CONTRACT EXECUTION

Successful Applicant receiving award shall enter into a formal written contract. No performance or payment bond is required for this contract.

No work is to be undertaken by the Contractor prior to the commencement date. The State of Hawaii is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the Contractor prior to the official starting date.

If an option to extend is mutually agreed upon, the Contractor shall be required to execute a supplement to the contract for the additional extension period. The Contractor or the State may terminate the extended contract at any time without cause upon six (6) weeks prior written notice.

5.28 LIABILITY INSURANCE

The Contractor shall maintain insurance acceptable to the State in full force and effect throughout the term of this contract. The policy or policies of insurance maintained by the Contractor shall provide the following limit(s) and coverage:

| <u>Coverage</u> | <u>Limits</u> |
|---|---|
| Commercial General Liability (occurrence form) | \$1,000,000 combined single limit per occurrence for bodily injury and property damage |

Each insurance policy required by this contract shall contain the following clauses:

1. "The insurance shall not be canceled, limited in scope of coverage or non-renewed until after 30 days written notice has been given to the State of Hawaii, Department

of Public Safety, ASO-PC, 919 Ala Moana Boulevard, Room 413, Honolulu, Hawaii 96814.”

2. “The State of Hawaii, Department of Public Safety, is added as an additional insured in respect to operations performed for the State of Hawaii.”
3. “It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.”

Each insurance policy shall be written by insurance companies licensed to do business in the State or meet Section 431:8-301, HRS, if utilizing an insurance company not licensed by the State of Hawaii.

The Contractor agrees to deposit with the State of Hawaii, on or before the effective date of this contract, certificate(s) of insurance necessary to satisfy the State that the insurance provisions of this contract have been complied with and to keep such insurance in effect and the certificate(s) therefore on deposit with the State during the entire term of this contract. Upon request by the State, Contractor shall furnish a copy of the policy or policies.

Failure of the Contractor to provide and keep in force such insurance shall be regarded as material default under this contract, entitling the State to exercise any or all of the remedies provided in this contract for a default of the Contractor.

The procuring of such required policy or policies of insurance shall not be construed to limit Contractor’s liability hereunder nor to fulfill the indemnification provisions and requirements of this contract. Notwithstanding said policy or policies of insurance, Contractor shall be obliged for the full and total amount of any damage, injury, or loss caused by negligence or neglect connected with this contract.

If the Contractor is authorized by the Department Coordinator to subcontract, subcontractor(s) is not excused from the indemnification and/or insurance provisions of this contract. In order to indemnify the State, the Contractor agrees to require its subcontractor(s) to obtain insurance in accordance with the insurance provisions of this contract.

5.29 PAYMENT

Incremental payments shall be made to the awarded Contractor based on the achievement and acceptance by the State of milestones designated on the Contractor’s proposal.

HRS Section 103-10, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment. For this reason, the State will reject any offer submitted with a condition requiring payment within a shorter period. Further, the State will reject any offer submitted with a condition requiring interest payments greater than that allowed by HRS §103-10, as amended.

The State will not recognize any requirement established by the Contractor and communicated to the State after award of the contract, which requires payment within a shorter period or interest payment not in conformance with statute.

5.30 AWARD

Method of Award. The award will be made to the responsive, responsible Applicant whose proposal is determined to be the most advantageous to the State based on the evaluation criteria.

Responsibility of Lowest Responsive Applicant. Reference HRS Chapter 103D-310(c). If compliance documents have not been submitted to the PSD-ASO/PC prior to award, the lowest responsive applicant shall produce documents to the procurement officer to demonstrate compliance with this section.

HRS Chapter 237 tax clearance requirement for award. Instructions are as follows:

Pursuant to HRS §103D-328, lowest responsive Applicant shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. It must be valid on the date it is received by the PSD-ASO/PC.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX *TAX CLEARANCE APPLICATION* Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): http://www.hawaii.gov/tax/a1_1alphalist.htm

DOTAX Forms by Fax/Mail: (808) 587-7572
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

| | |
|--------|----------------|
| DOTAX: | (808) 587-1488 |
| IRS: | (808) 539-1573 |

The application for the clearance is the responsibility of the Applicant, and must be submitted directly to the DOTAX or IRS and not to the PSD-ASO/PC. However, the tax clearance certificate shall be submitted to the PSD-ASO/PC.

HRS Chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award.

Instructions are as follows:

Pursuant to HRS §103D-310(c), the lowest responsive Applicant shall be required to submit a certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the PSD-ASO/PC. A photocopy of the certificate is acceptable to the PSD-ASO/PC.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR *APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH HAR SECTION 3-122-112*, Form LIR#27 which is available at <http://hawaii.gov/labor/formsall.shtml> or at the neighbor island DLIR District Offices. The DLIR will return the form to the Applicant who in turn shall submit it to the PSD-ASO/PC.

The application for the certificate is the responsibility of the Applicant, and must be submitted directly to the DLIR and not to the PSD-ASO/PC. However, the certificate shall be submitted to the PSD-ASO/PC.

Compliance with Section 103D-310(c), HRS, for an entity doing business in the State. The lowest responsive Applicant shall be required to submit a *CERTIFICATE OF GOOD STANDING* (Certificate) issued by the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division (BREG). The Certificate is valid for six months from date of issue and must be valid on the date it is received by the PSD-ASO/PC. A photocopy of the certificate is acceptable to the PSD-ASO/PC.

To obtain the Certificate, the Applicant must first be registered with the BREG. A sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate.

On-line business registration and the Certificate are available at www.BusinessRegistrations.com. To register or to obtain the Certificate by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). Applicants are advised that there are costs associated with registering and obtaining the Certificate.

Final Payment Requirements. Contractor is required to submit a tax clearance certificate for final payment on the contract. A tax clearance certificate, not over two months old, with an original green certified copy stamp, must accompany the invoice for final payment on the contract.

In addition to the tax clearance certificate, an original "Certification of Compliance for Final Payment" (SPO Form-22), attached, will be required for final payment. A copy of the Form is also available at www.spo.hawaii.gov. Select "Forms for Vendors/Contractors" menu.

Hawaii Compliance Express. Alternately, instead of separately applying for these paper certificates at the various state agencies, vendors may choose to use the Hawaii Compliance Express (HCE), which allows businesses to register online through a simple wizard interface at <http://vendors.ehawaii.gov> to acquire a "Certificate of Vendor Compliance." The HCE provides current compliance status as of the issuance date. The "Certificate of Vendor Compliance" indicating that vendor's status is compliant with the requirements of HRS Chapter 103D-310(c), shall be accepted for both contracting purposes and final payment. Vendors that elect to use the new HCE services will be required to pay an annual fee of \$15.00 to the Hawaii Information Consortium, LLC (HIC). Vendors choosing not to participate in the HCE program will be required to provide the paper certificates as instructed in the prior sections.

Timely Submission of all Certificates. The above certificates should be applied for and submitted to the PSD-ASO/PC as soon as possible. If a valid certificate is not

submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award.

5.31 SUBCONTRACTING

No work or services shall be subcontracted or assigned without the prior written approval of the State. No subcontract shall under any circumstances relieve the Contractor of his/her obligations and liability under this contract with the State. All persons engaged in performing the work covered by the contract shall be considered employees of the Contractor.

5.32 CONTRACT INVALIDATION

If any provision of this contract is found to be invalid, such invalidation will not be construed to invalidate the entire contract.

5.33 NON-DISCRIMINATION

The Contractor shall comply with all applicable federal and State laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, sex, age, sexual orientation, marital status, handicap, or arrest and court records in employment and any condition of employment with the Contractor or in participation in the benefits of any program or activity funded in whole or in part by the State.

5.34 CONFLICTS OF INTEREST

The Contractor represents that neither the Contractor, nor any employee or agent of the Contractor, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the Contractor's performance of this contract.

5.35 WAIVER

The failure of the State to insist upon the strict compliance with any term, provision or condition of this contract shall not constitute or be deemed to constitute a waiver or relinquishment of the State's right to enforce the same in accordance with this contract.

5.36 SEVERABILITY

In the event that any provision of this contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this contract.

5.37 CAMPAIGN CONTRIBUTIONS BY STATE AND COUNTY CONTRACTORS

It has been determined that funds for this contract have been appropriated by a legislative body.

Therefore, Applicant, if awarded a contract in response to this solicitation, agrees to comply with HRS Section 11-205.5, which states that campaign contributions are prohibited from a State and county government contractor during the term of the contract if the contractor is paid with funds appropriated by a legislative body.

5.38 ADDITIONS, AMENDMENTS AND CLARIFICATIONS

Approvals. Any agreement arising out of this offer may be subject to the approval of the Department of the Attorney General as to form, and is subject to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order, or other directive.

Cancellation of Solicitations and Rejection of Offers. The solicitation may be cancelled or the offers may be rejected, in whole or in part, when in the best interest of the purchasing agency, as provided in HAR §§3-122-95 through 3-122-97.

Confidentiality of Material. All material given to or made available to the Contractor by virtue of this contract, which is identified as proprietary or confidential information, will be safeguarded by the CONTRACTOR and shall not be disclosed to any individual or organization without the prior written approval of the STATE.

All information, data, or other material provided by the Applicant or the Contractor to the State shall be subject to the Uniform Information Practices Act, HRS chapter 92F. The Applicant shall designate in writing to the Procurement Officer those portions of its unpriced offer or any subsequent submittal that are trade secrets or other proprietary data that the Applicant desires to remain confidential, subject to HAR §3-122-58, in the case of an RFP, or HAR §3-122-30, in the case of an IFB. The Applicant shall state in its written communication to the Procurement Officer, the reason(s) for designating the material as confidential, for example, trade secrets. The Applicant shall submit the material designated as confidential in such manner that the material is readily separable from the offer in order to facilitate inspection of the non-confidential portion of the offer.

Price is not confidential and will not be withheld. In addition, in the case of an IFB, makes and models, catalogue numbers of items offered, deliveries, and terms of payment shall be publicly available at the time of opening regardless of any designation to the contrary.

If a request is made to inspect the confidential material, the inspection shall be subject to written determination by the Department of the Attorney General in accordance with HRS chapter 92F. If it is determined that the material designated as confidential is subject to disclosure, the material shall be open to public inspection, unless the Applicant protests under HAR chapter 3-126. If the request to inspect the confidential material is denied, the decision may be appealed to the Office of Information Practices in accordance with HRS §92F-15.5.

Nondiscrimination. No person performing work under this Agreement, including any subcontractor, employee, or agency of the Contractor, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.

Records Retention. The Contractor and any subcontractors shall maintain the books and records that relate to the Agreement and any cost or pricing data for three (3) years from the date of final payment under the Agreement.

Correctional Industries. Goods and services available through Hawaii Correctional Industries (HCI) programs may be the same or similar to those awarded by competitive sealed bids or proposals. Agencies participating in PSD-ASO/PC requirements (price

list) contracts may also procure directly from CI and shall not be considered in violation of the terms and conditions of any PSD-ASO/PC contract.

Year 2000 Compliance. All appropriate hardware, software, and systems utilized for the work specified herein shall be year 2000 compliant.

Competency of Applicant. Prospective Applicant must be capable of performing the work for which offers are being called. Either before or after the deadline for an offer, the purchasing agency may require Applicant to submit answers to questions regarding facilities, equipment, experience, personnel, financial status or any other factors relating to the ability of the Applicant to furnish satisfactorily the goods or services being solicited by the STATE. Any such inquiries shall be made and replied to in writing; replies shall be submitted over the signatures of the person who signs the offer. Any Applicant who refuses to answer such inquiries will be considered non-responsive.

Preparation of Offer. An Applicant may submit only one offer in response to a solicitation. If an Applicant submits more than one offer in response to a solicitation, then all such offers shall be rejected. Similarly, an Applicant may submit only one offer for each line item (if any) of a solicitation. If an Applicant submits more than one offer per line item, then all offers for that line item shall be rejected.

Preference for Hawaii Products. A purchasing agency shall review all specifications in a bid or proposal for purchase from the Hawaii products (HP) list where these products are available; provided that the products: Meet the minimum specifications and the selling price f.o.b. jobsite; unloaded, including applicable general excise tax and use tax, does not exceed the lowest delivered price in Hawaii f.o.b. jobsite; and unloaded, including applicable general excise tax and use tax, does not exceed the lowest delivered price of a similar non-HP by more than: three per cent where class I HP are involved; five per cent where class II HP are involved; or ten per cent where class III HP are involved.

All persons submitting bids or proposals to claim HP preference shall designate in their bids which individual product and its price is to be supplied as a HP.

Where a bid or proposal contains both Hawaii and non-HP, then for the purpose of selecting the lowest bid or purchase price only, the price bid or offered for a HP item shall be decreased by subtracting there from: three per cent, five per cent, or ten per cent for the class I, class II, or class III HP items bid or offered, respectively. The lowest total bid or proposal, taking the preference into consideration, shall be awarded the contract unless the bid or offer provides for additional award criteria. The contract amount of any contract awarded, however, shall be the amount of the bid or price offered, exclusive of the preferences.

Printing Preference: All bids or proposals submitted for a printing, binding, or stationery contract in which all work will be performed in-state, including all preparatory work, presswork, bindery work, and any other production-related work shall receive a fifteen per cent preference for purposes of bid or proposal evaluation.

Where bids or proposals are for work performed in-state and out-of-state, then for the purpose of selecting the lowest bid or evaluating proposals submitted, the amount bid or proposed for work performed out-of-state shall be increased by fifteen per cent. The lowest total offer, taking the preference into consideration, shall be awarded the contract

unless the solicitation provides for additional award criteria. The contract amount awarded, however, shall be the amount of the price offered, exclusive of the preference.

SECTION SIX

ATTACHMENTS AND EXHIBITS

- Attachment 1: OFFER FORM, OF-1
- Attachment 2: OFFER FORM, OF-2
- Attachment 3: WAGE CERTIFICATE
- Attachment 4: CERTIFICATE OF COMPLIANCE FOR FINAL PAYMENT
- Attachment 5: SMALL BUSINESS PROGRAM REPRESENTATION
- Attachment 6: FEDERAL COMPLIANCE DOCUMENTS
 1. Acceptance of Conditions (AG/CPJAD #14)
 2. Acceptance of JAG RECOVERY SPECIAL CONIDITIONS (AG/CPJAD #26)
 3. Certification of Non-Supplanting (AG/CPJAD #3)
 4. Certification of Non-Discrimination (AG/CPJAD #15)
 5. Certification Regarding: EEOP
 6. Certification Regarding Drug-Free (AG/CPJAD #16)
 7. Certification Regarding Debarment (OJP 4061/1)
 8. Certification Regarding Lobbying (AG/CPJAD #22)
- Attachment 7: MVC and Evidence Forms
 - 1 Face Page 092508
 - 2 Unit Info-Side 1 092508
 - 3 Unit Info-Side 2 092008
 - 4 All Persons Info 092008
 - 5 Diagram 092008
 - 6 CMV Supplement 092008
 - 7 CMV Identifier Sheet 092009
 - 8 Narrative 1 page 092008
 - 9 Narrative 7 pages 092108
 - 10 MVR Narrative
 - 11 Evidence
 - 12 Evidence (continuation)
 - 13 Minor Motor Vehicle Collision Report (Triplicate)
 - 14 Statement of Receipt of Detainee's Property (Triplicate)
 - 15 Abuse of a Family or Household Members Warning Citation (Triplicate)

**OFFER FORM
OF-1**

RECORDS MANAGEMENT SYSTEM FOR
THE LAW ENFORCEMENT DIVISIONS
OF THE
DEPARTMENT PUBLIC SAFETY
RFP No.: PSD 10-LE-12

Procurement Officer
PSD-ASO/PC
919 Ala Moana Blvd., Room 413
Honolulu, Hawaii 96814

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the **General Conditions**, by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Applicant is:

☐ Sole Proprietor ☐ Partnership ☐ *Corporation ☐ Joint Venture
☐ Other _____
*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Payment address (other than street address below): _____
City, State, Zip Code: _____

Business address (street address): _____
City, State, Zip Code: _____

Respectfully submitted:

Date: _____ (x) _____
Authorized (Original) Signature

Telephone No.: _____

Fax No.: _____ Name and Title (Please Type or Print)

E-mail Address: _____ **
Exact Legal Name of Company (Applicant)

**If Applicant is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

**OFFER FORM
OF-2**

[Adjust this section to meet your requirement]

Total contract cost for accomplishing the development and delivery of the services.

\$ _____

Note: Pricing shall include labor, materials, supplies, all applicable taxes, and any other costs incurred to provide the specified services.

Applicant

Name of Company

WAGE CERTIFICATE
FOR SERVICE CONTRACTS
(See Special Provisions)

Subject: IFB/RFP No.: _____

Title of IFB/RFP: _____

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with; and
2. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Offeror _____

Signature _____

Title _____

Date _____

WAGE CERTIFICATE

Reference: _____
(Contract Number) _____
(IFB/RFP Number)

1. Chapter 383, HRS, Hawaii Employment Security Law – Unemployment Insurance;
2. Chapter 386, HRS, Worker’s Compensation Law;
3. Chapter 392, HRS, Temporary Disability Insurance;
4. Chapter 393, HRS, Prepaid Health Care Act; and

Moreover, _____
(Company Name)

Signature: _____

Print Name: _____

Title: _____

Date: _____

SMALL BUSINESS PROGRAM REPRESENTATION

NAICS code(s) determined appropriate for this solicitation is **541511 – Custom Computer Programming Services** with **annual receipts of less than \$25 million**.

The Applicant hereby affirmatively represents that it is a qualified small business concern eligible for award of the contract under the eligibility criteria above.

The Applicant further represents that the Applicant's average number of employees for the past twelve (12) months and the Applicant's annual gross revenue for the preceding fiscal year was reflected below. (Applicant must check and initial one blank in each column):

| NUMBER OF EMPLOYEES | AVERAGE ANNUAL GROSS REVENUES |
|---------------------------------------|---|
| <input type="checkbox"/> 15 or fewer | <input type="checkbox"/> \$500,000 or less |
| <input type="checkbox"/> 16 to 50 | <input type="checkbox"/> \$500,001 to \$1,000,000 |
| <input type="checkbox"/> 51 to 100 | <input type="checkbox"/> \$1,000,001 to \$2,000,000 |
| <input type="checkbox"/> 101 to 250 | <input type="checkbox"/> \$2,000,001 to \$3,500,000 |
| <input type="checkbox"/> 251 to 500 | <input type="checkbox"/> \$3,500,001 to \$5,000,000 |
| <input type="checkbox"/> 501 to 750 | <input type="checkbox"/> \$5,000,001 to \$10,000,000 |
| <input type="checkbox"/> 751 to 1,000 | <input type="checkbox"/> \$10,000,001 to \$17,000,000 |
| <input type="checkbox"/> Over 1,000 | <input type="checkbox"/> Over \$17,000,000. |

Applicant represents in good faith that it is a small business at the time of this Contract and that it meets the definition of a "small business concern" as defined herein.

APPLICANT

By: _____

Title: _____

Date: _____

ATTACHMENT 6

The following attachments are for the vendor's information and compliance, if awarded a contract resulting from this solicitation.

1. Acceptance of Conditions (AG/CPJAD #14)
2. Acceptance of JAG RECOVERY SPECIAL CONIDITIONS (AG/CPJAD #26)
3. Certification of Non-Supplanting (AG/CPJAD #3)
4. Certification of Non-Discrimination (AG/CPJAD #15)
5. Certification Regarding: EEOP
6. Certification Regarding Drug-Free (AG/CPJAD #16)
7. Certification Regarding Debarment (OJP 4061/1)
8. Certification Regarding Lobbying (AG/CPJAD #22)

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

ACCEPTANCE OF CONDITIONS

The undersigned agrees, on behalf of the applicant agency, that:

1. This project, upon approval, shall constitute an official part of Hawaii's Drug Control and System Improvement Formula Grant Program established under Title VI, Subtitle C, Part E, Subpart 1, of the Anti-Drug Abuse Act of 1988 (Public Law 100-690).
2. Any grant awarded pursuant to this application shall be subject to and will be administered in conformity with:
 - (a) general conditions applicable to administration of grants under Title VI, Subtitle C, Part E, Subpart 1, of the Anti-Drug Abuse Act of 1988 (Public Law 100-690), as amended, as applicable;
 - (b) general conditions applicable to administrative grants under the American Recovery and Reinvestment Act of 2009 9P.L. 111-5, Stat. 115);
 - (c) conditions applicable to the fiscal administration of grants under Title VI, Subtitle C, Part E, Subpart 1, of the Anti-Drug Abuse Act of 1988 (Public Law 100-690), as amended, as applicable;
 - (d) any special conditions contained in the grant award; and
 - (e) general and fiscal regulations of the Crime Prevention and Justice Assistance Division.
3. Any grant received as a result of this application may be terminated, or fund payment may be discontinued, by the Crime Prevention and Justice Assistance Division when it finds a substantial failure to comply with the foregoing provisions, the application obligations or for non-availability of funds.

SUBMITTED BY:

Signature: _____ Date: _____

Name: _____ Title: _____

Agency: _____

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

ACCEPTANCE OF JAG RECOVERY SPECIAL CONDITIONS

The undersigned Grantee understands and agrees, on behalf of its agency that:

1. Access to Records; Interviews
 - (a) U.S. Department of Justice (DOJ) including the Office of Justice Programs (OJP) and the Office of the Inspector General (OIG), and its representatives, and the Government Accountability Office (GAO), shall have access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to this Recovery Act award, including such records of any subrecipient, contractor, or subcontractor.
 - (b) DOJ and the GAO are authorized to interview any officer or employee of the Grantee (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.
2. Separate Tracking and Reporting of Recovery Act Funds and Outcomes
 - (a) Grantee agrees to track, account for, and report on all funds from this Recovery Act award (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including DOJ award funds from non-Recovery Act awards awarded for the same or similar purposes or programs. (Recovery Act funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of Recovery Act funds must be separate.) Accordingly, the accounting system must ensure that funds from this Recovery Act award are not commingled with funds from any other source.
 - (b) Grantee further agrees that all personnel whose activities are to be charged to the award will maintain timesheets to document hours worked for activities related to this award and non-award-related activities.
3. Subawards / Contracts – Monitoring
 - (a) Grantee is responsible for monitoring subawards and subcontracts under this Recovery Act award in accordance with all applicable statutes, regulations, Office of Management and Budget (OMB) circulars, and guidelines, including the OJP Financial Guide, and to include the applicable conditions of this award in any subaward/subcontract. The recipient is responsible for oversight of subrecipient spending and monitoring of specific outcomes and benefits attributable to use of Recovery Act funds by subrecipients. The Grantee agrees to submit, upon

request, documentation of its policies and procedures for monitoring of subawards/subcontracts under this award.

4. Transactions Listed in Schedule of Expenditures of Federal Awards -

- (a) Grantee shall maintain records that identify adequately the source and application of Recovery Act funds, to maximize the transparency and accountability of funds authorized under the Recovery Act as required by the Act and in accordance with 2 CFR 215.21, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations" and OMB A-102 Common Rules provisions (relating to Grants and Cooperative Agreements with State and Local Governments).
- (b) Grantee agrees to separately identify the expenditures for Federal awards under the Recovery Act on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. This condition only applies if the recipient is covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." This shall be accomplished by identifying expenditures for Federal awards made under the Recovery Act separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the Federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.

5. Recovery Act Reporting and Registration Requirements

- (a) Grantee shall complete projects or activities which are funded under the Recovery Act and shall submit progress reports under Section 1512 of the Recovery Act on use of Recovery Act funds provided through this award. Information from these reports will be made available to the public.
- (b) Grantee shall report the information described in section 1512(c) as applicable, using the reporting instructions and data elements that will be provided by CPJAD.
- (c) The progress reports are to cover activities that the Grantee has completed whether funded in whole or in part by the Recovery Act. The Recovery Act reporting periods and due dates are:
 - July1 - September 30 Due: October 5
 - October 1-December 31 Due: January 5
 - January 1 - March 30 Due: April 5
 - April 1-June 30 Due: July 5

- (d) Grantee shall maintain current registration in the Central Contractor Registration (www.ccr.gov) at all times during which they have active federal awards funded with Recovery Act funds. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (www.dnb.com) is one of the requirements for registration in the Central Contractor Registration.

6. Reporting Potential Fraud, Waste, and Abuse, and Similar Misconduct

Grantee shall promptly refer to the DOJ OIG any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for Recovery Act funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving Recovery Act funds. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by:

Mail: Office of the Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.
Room 4706
Washington, DC 20530

E-mail: oig.hotline@usdoj.gov
Hotline: (contact information in English and Spanish): (800) 869-4499, or
Hotline fax: (202) 616-9881.

Additional information is available from the DOJ OIG website at www.usdoj.gov/oig.

7. Protecting State and Local Government and Contractor Whistleblowers (Recovery Act, section 1553)

Grantee recognizes that the Recovery Act provides certain protections against reprisals for employees of non-Federal employers who disclose information reasonably believed to be evidence of gross mismanagement, gross waste, substantial and specific danger to public health or safety, abuse of authority, or violations of law related to contracts or grants using Recovery Act funds. For additional information, refer to section 1553 of the Recovery Act. The text of Recovery Act is available at www.ojp.usdoj.gov/recovery.

8. Misuse of Award Funds

Grantee understands and agrees that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal grants, recoupment of monies provided under an award, and civil and/or criminal penalties.

9. Additional Requirements and Guidance

Grantee shall comply with any modifications or additional requirements that may be imposed by law and future OJP (including government-wide) and Hawaii Department of the Attorney General guidance and clarifications of Recovery Act requirements.

10. Bureau of Justice Assistance (BJA) Reporting Requirement

Grantee shall comply with all reporting, data collection and evaluation requirements, as prescribed by law and detailed by the BJA in program guidance for the Justice Assistance Grant Program.

Grantee shall complete BJA-required report on-line using the Performance Measurement Tool (PMT). The on-line reporting system will require a username and password to log on. The username and password will be provided by CPJAD after the contract is executed. The PMT web address is <https://www.bjaperformancetools.org>

The BJA reporting periods and due dates are:

- July 1 - September 30 Due: October 15
- October 1 -December 31 Due: January 15
- January 1 - March 31 Due: April 15
- April 1-June 30 Due: July 15

11. Delinquent Reports

- (a) Grantee shall comply with all reporting requirements. Failure to comply with the reporting requirements may, in addition to other penalties, subject the recipient to the following:
- (i) After failure to report complete data by the due date stated in sections 5.c. and 10 for two consecutive reporting periods, the Grantee may be precluded from drawing down funds until such time as the Grantee becomes current in its reporting obligations.
 - (ii) After failure to report complete data by the due date stated in sections 5.c. and 10 for three consecutive reporting periods, the Administrator of the Crime Prevention and Justice Assistance Division may terminate the Grantee's contract for cause. Upon written letter of termination, the Grantee must return any unexpended award funds within 15 calendar days of the date of the letter of termination.

12. Funds Subcontracted to Faith Based Organizations

Grantee shall comply with the applicable requirements of 28 C.F.R. Part 38, the Department of Justice regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that Department of Justice grant awards of funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of grants may still engage in inherently religious activities, but such activities must be separate in time or place from the Department of Justice funded program, and participation in such activities by individuals receiving services from the grantee or a sub-grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of a beneficiary's religion. Notwithstanding any other special condition of this award, faith-based organizations may, in some circumstances, consider religion as a basis for employment. See http://www.ojp.gov/about/ocr/equal_fbo.htm.

SUBMITTED BY:

Signature: _____ Date: _____

Name: _____ Title: _____

Agency: _____

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

CERTIFICATION OF NON-SUPPLANTING

I certify that federal funds will not be used to supplant State, local or other non-federal funds that would, in the absence of such federal aid, be made available for law enforcement, criminal justice, and victim compensation and assistance activities.

SUBMITTED BY:

Signature: _____ Date: _____

Name: _____ Title: _____

Agency: _____

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

CERTIFICATION OF NON-DISCRIMINATION

I certify that the applicant agency will comply with and will insure compliance by its subgrantees and contractors with the non-discrimination requirements of:

- The Omnibus Crime Control and Safe Streets Act of 1968, as amended, which prohibits discrimination on the basis of race, color, national origin, religion, or sex, in OJP and COPS funded programs or activities. (42 U.S.C. §3789d and 28 C.F.R. §42.201 et seq.)
- Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in OJP and COPS funded programs or activities. (42 U.S.C. §2000d and 28 C.F.R. §42.101 et seq.)
- Section 504 of the Rehabilitation Act, which prohibits discrimination on the basis of disability in OJP and COPS funded programs or activities. (29 U.S.C. §794 and 28 C.F.R. §42.501 et seq.)
- Section 1407 of the Victims of Crime Act (VOCA), which prohibits discrimination on the basis of race, color, national origin, religion, sex, or disability in VOCA funded programs or activities. (42 U.S.C. §10604)
- Title II of the Americans with Disabilities Act of 1990, as it relates to discrimination on the basis of disability in OJP or COPS funded programs or activities. (42 U.S.C. §12132 and 28 C.F.R. Pt. 35)
- Title IX of the Education Amendments of 1972, as it relates to discrimination on the basis of sex in OJP and COPS funded training or educational programs. (20 U.S.C. §1681 and 34 C.F.R. Pt. 106)
- The Age Discrimination Act of 1975 as it relates to services discrimination on the basis of age in OJP or COPS funded programs or activities. (42 U.S.C. §6102 and 28 C.F.R. §42.700 et seq.)
- Executive Order No. 13166 prohibiting discrimination of Limited English Proficient Persons.
- Executive Order No. 13279 regarding equal protection of the laws for faith-based organizations. (28 C.F.R. pt. 38)

No person shall, on the grounds of race, color, religion, national origin, sex, or disability, be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or be denied employment in connection with any program or activity funded in whole or in part with funds made available under this title from the U.S. Department of Justice through the Department of the Attorney General, Crime Prevention and Justice Assistance Division. Noncompliance with the discrimination regulations may result in the suspension or termination of funding.

SUBMITTED BY:

| | | | |
|------------|-------|--------|-------|
| Signature: | _____ | Date: | _____ |
| Name: | _____ | Title: | _____ |
| Agency: | _____ | | |

CERTIFICATION FORM

Recipient Name and Address: _____

Grant Title: _____ Grant Number: _____ Award Amount: _____

Contact Person Name and Title: _____ Phone Number: () _____

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Office of Community Oriented Policing Services (COPS) to prepare, maintain on file, submit to OJP for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R §§ 42.301-.308. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP, but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete **Section A** below. Recipients that claim the limited exemption from the submission requirement, must complete **Section B** below. **A recipient should complete either Section A or Section B, not both.** If a recipient receives multiple OJP or COPS grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, N.W., Washington, D.C. 20531. For assistance in completing this form, please call (202)307-0690 or TTY (202) 307-2027.

Section A- Declaration Claiming Complete Exemption from the EEOP Requirement. *Please check all the boxes that apply.*

- | | | | |
|----------------------------|---|----------------------------|--|
| <input type="checkbox"/> Q | Recipient has less than 50 employees, | <input type="checkbox"/> Q | Recipient is an Indian tribe, |
| <input type="checkbox"/> Q | Recipient is a non-profit organization, | <input type="checkbox"/> Q | Recipient is an educational institution, or |
| <input type="checkbox"/> Q | Recipient is a medical institution, | <input type="checkbox"/> Q | Recipient is receiving an award less than \$25,000 |

I, _____ **[responsible official]**, certify that
_____ **[recipient]** is not required to
prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R §42.302. I further certify that _____
_____ **[recipient]** will comply with applicable Federal civil rights
laws that prohibit discrimination in employment and in the delivery of services.

Print or type Name and Title

Signature

Date

Section B- Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying That an EEOP Is on File for Review.

If a recipient agency has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to OJP for review as long as it certifies the following (42 C.F.R. § 42.305):

I, _____ **[responsible official]**, certify that
the _____ **[recipient]**, which has 50 or more
employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, has formulated an
EEOP in accordance with 28 CFR §42.301, *et seq.*, subpart E. I further certify that the EEOP has been formulated and
signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in
the office of: _____ **[organization]**,
at _____ **[address]**, for review by the public and
employees or for review or audit by officials of the relevant state planning agency or the Office for Civil Rights, Office of
Justice Programs, U. S. Department of Justice, as required by relevant laws and regulations.

Print or type Name and Title

Signature

Date

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

INSTRUCTIONS
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
(AG/CPJAD #16)

1. By signing and/or submitting this application or grant agreement, the grantee, is providing the certification set out on the form entitled Crime Prevention and Justice Assistance Division, Department of the Attorney General, Certification Regarding Drug-Free Workplace Requirements (hereinafter referred to as the AG/CPJAD Form #16).
2. The certification set out on AG/CPJAD Form #16 is a material representation of fact upon which reliance will be placed when the Department of the Attorney General, State of Hawaii (hereinafter referred to as "grantor") determines to subgrant federal funds to the grantee. Pursuant to the contract which grantor will offer grantee in the event a subgrant is awarded to grantee, false certification or violation of the conditions set forth in the certification shall be grounds for suspension of payments, or suspension or termination of the subgrant. Such false certification or violation of the conditions contained in the certification shall subject the State of Hawaii to governmentwide suspension or debarment, which shall, in turn, result in the withdrawal of funds from the grantee and/or the unavailability of future funding for the grantee.

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

- I. _____(hereinafter referred to as "grantee") certifies that it will provide a drug-free workplace by:
- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) establishing a drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the grantee's policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) the penalties that may be imposed upon employees for drug abuse violations;
 - (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement; and
 - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five (5) days after such conviction;
 - (e) notifying the Department of the Attorney General, State of Hawaii, within ten (10) days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction;
 - (f) taking one of the following actions with respect to any employee who is so convicted:

- (1) taking appropriate personnel action against such an employee, up to and including termination; or
- (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

II. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with this specific grant:

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

County

County

SUBMITTED BY:

Signature: _____ Date: _____

Name: _____ Title: _____

Agency: _____



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

Name of Organization

Address of Organization

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

DEPARTMENT OF THE ATTORNEY GENERAL
Crime Prevention and Justice Assistance Division

CERTIFICATION REGARDING LOBBYING

Each person shall file the most current edition of this certification and disclosure form, if applicable, with each submission that initiates agency consideration of such person for an award of a Federal contract, grant, or cooperative agreement of \$100,000 or more; or Federal loan of \$150,000 or more.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any non-Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall initial here ____ and complete and submit Standard Form # LLL, A Disclosure of Lobbying Activities, in accordance with its instructions.
- (3) Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of the U.S. Department of Justice, Office of Justice Programs.
- (4) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers and that all subrecipients shall certify and disclose accordingly.

Name and Address of Organization

Name of Authorized Individual
Signature and date

Application No.

Name of OJP Agency

ATTACHMENT 7: MVC AND EVIDENCE FORMS

1. Face Page 092508
2. Unit Info-Side 1 092508
3. Unit Info-Side 2 092008
4. All Persons Info 092008
5. Diagram 092008
6. CMV Supplement 092008
7. CMV Identifier Sheet 092009
8. Narrative 1 page 092008
9. Narrative 7 pages 092108
10. MVR Narrative, 10 pages
11. Evidence
12. Evidence (continuation)
13. Minor Motor Vehicle Collision Report (Triplicate)
14. Statement of Receipt of Detainee's Property (Triplicate)
15. Abuse of a Family or Household Members Warning Citation (Triplicate)

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of _____ DOT-1-174A (HWY-T) Rev. 06/08

MVA

Report Number: _____

| (1) Crime Code | | (2) County | | (3) District | | (4) Beat | | (5) Watch | | (6) Date/Time/Day Occurred | | | (7) Date/Time/Day Reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------|--|--------------|--|------|--|--|----------------------------|----------|--|---|---|---|--|--|--------|--------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|
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| (8) Report Type | | (9) Total Involved | | | | (10) Number Of | | | (11) Tow | (12) Hit & Run | (13) Fire | (14) Photo | (15) Select One | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Major (01) <input type="radio"/> Minor (02) A | | MV | MC | MOP | BC | PED | WITN | KILLED | INJ | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | <input type="radio"/> None (00) <input type="radio"/> Tunnel (02) <input type="radio"/> Bridge (01) <input type="radio"/> Ramp (03) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (16) Times Police | | (18) Weather Conditions (Select up to 2) | | | | | | | | (19) Light/Lighting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sent | | Arrive | | <input type="radio"/> Clear (01) <input type="radio"/> Hazy, Fog, Smoke (04) <input type="radio"/> Snow (07) <input type="radio"/> Cloudy (02) <input type="radio"/> Windy, Severe Crosswind (05) <input type="radio"/> Blowing Sand/ Soil (08) <input type="radio"/> Rain (03) <input type="radio"/> Sleet/Hail (06) <input type="radio"/> Unknown (09) | | | | | | | | <input type="radio"/> Daylight (01) <input type="radio"/> Spot Illumination (04) <input type="radio"/> Dark/No Lights (07) <input type="radio"/> Dawn (02) <input type="radio"/> Continuous Lighting (05) <input type="radio"/> Dark/Unknown (08) <input type="radio"/> Dusk (03) <input type="radio"/> Dark/Lights Off (06) <input type="radio"/> Unknown (09) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (17) Times EMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sent | | Arrive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (20) Location | | | | (21) Traffic Level | | (22) Trafficway Description | | | | | | (23) GPS Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> School (01) <input type="radio"/> Recreational (05) <input type="radio"/> Business (02) <input type="radio"/> Farm/Fields (06) <input type="radio"/> Residential (03) <input type="radio"/> No Development (07) <input type="radio"/> Industrial (04) <input type="radio"/> Other (08) | | | | <input type="radio"/> Light (01) <input type="radio"/> Medium (02) <input type="radio"/> Heavy (03) | | <input type="radio"/> 2-Way, Undivided (01) <input type="radio"/> 2-Way, Divided, Median Barrier (04) <input type="radio"/> 2-Way, Undivided with Cont. Left Turn Lane (02) <input type="radio"/> 1-Way Trafficway (05) <input type="radio"/> 2-Way, Divided, Unprotected Median (03) <input type="radio"/> Other (06) | | | | | | Latitude | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Longitude | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (24) Name of Street or Highway | | | | | | | | | | (25) City/Town | | (26) Work Zone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (27) Route No. | | (28) Mile Post Marker | | (29) Distance and Direction | | | (30) Refer (Mile Marker, Intersection, Etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (31A) Location of First Harmful Event | | | | | | | | | | (31B) Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intersection 01 Intersection Area 02 Driveway Access On Roadway - Not at Intersection 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV/Zipper Lane Off Roadway 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median <input type="checkbox"/> Enter the Location of the FIRST HARMFUL EVENT (31A) | | | | | | | | | | Off Roadway (Cont.) 25 Median Crossover 26 Outside ROW (Trafficway) Off Roadway - Other 30 Driveway 31 Private Road 32 Parking Lot Other Roadway 40 Entrance/Exit Ramp 41 Railway Crossing 42 Midblock Crosswalk 43 HOV Crossover Lane 44 Gore 45 Separator 46 Parking Lane 47 Emergency Escape Ramp 48 Other (Specify in Synopsis Block) | | | | | Non-Collision 01 Overturn/Rollover on Roadway 02 Overturn/Rollover off Roadway 03 Submersion 04 Fire/Explosion 05 Jackknife 06 Ran Off Roadway 07 Cargo/Equipment Loss or Shift 08 Fell/Jumped from Motor Vehicle 09 Downhill Runaway 10 Separation of Units 11 Cross Median/Centerline 12 Equipment Failure 13 Thrown or Falling Objects 14 Other Non-Collision (Specify in the Synopsis Block) Collision with Object/Animal 20 Overhead Cables 21 Guardrail Face 22 Guardrail End 23 Culvert 24 Ditch 25 Bridge Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Building 29 Tunnel | | | | | Collision with Object/Animal (Cont.) 30 Curb 31 Embankment/Retaining Wall 32 Fence 33 Utility Pole/Light Support 34 Traffic Signal/Sign Post 35 Other Post/Pole/Support 36 Impact Attenuator/Crash Cushion 37 Concrete Traffic Barrier 38 Other Traffic Barrier 39 Tree (Standing) 40 Hydrant 41 Mailbox 42 Animal 43 Other (Specify in the Synopsis Block) Collision with Person 50 Unknown 51 Crossing in Crosswalk 52 Crossing Outside Crosswalk 53 Crossing no Crosswalk 54 Darting Out 55 Walking in Roadway 56 Playing/Exercising in Roadway 57 Directing Traffic 58 Pushing/Working on Vehicle 59 Getting On/Off Vehicle 60 Roadwork 61 Other (Specify in Synopsis Block) | | | | | Collision with Bicycle or Moped 70 Unknown 71 Riding in Bikeway 72 Riding Outside of Bikeway 73 Riding in Road/No Bikeway 74 Riding off Roadway 75 Crossing Roadway 76 Fell In/On Roadway 77 Other (Specify in Synopsis Block) Collision with MV in Transport (Except Moped) 80 Head On 81 Rear End 82 Sideswipe - Same Direction 83 Sideswipe - Opposite Direction 84 Angle - Same Direction 85 Angle - Opposite Direction 86 Angle - Not Specified 87 Broadside 88 Rear to Side 89 Rear to Rear 90 Other (Specify in Synopsis Block) Collision with MV - Other 100 MV in Other Roadway 101 Railway Vehicle (Train/Engine) 102 Parked MV 103 Work Zone/Maintenance Equip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (31) Sequence of Events <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Unit</th> <th>Unit/0</th> <th>(31B) Action</th> <th>#</th> <th>Unit</th> <th>Unit/0</th> <th>(31B) Action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | | | | | # | Unit | Unit/0 | (31B) Action | # | Unit | Unit/0 | (31B) Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Enter the Sequence Number of the FIRST HARMFUL EVENT (31C) <input type="checkbox"/> Enter the Sequence Number of the MOST HARMFUL EVENT (31D) | | | | |
| # | Unit | Unit/0 | (31B) Action | # | Unit | Unit/0 | (31B) Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Officer's Rank and Name | | | | Officer's ID Number | | Date/Time | | Supervisor's Rank and Name | | Supervisor's ID Number | | Date/Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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This report is prepared for the State of Hawaii Department of Transportation federally mandated 23 USC 148, Highway Safety Improvement Program

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|--|--|--|--|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| (32) Unit No. | | (33) No. of Occ. | | UNIT INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| (34) Unit Class | | | | | | | | | | | | | | (35) Race | | | | | | | | | | | |
| <input type="radio"/> Passenger Car (01) | | | | <input type="radio"/> School Bus (09) | | | | <input type="radio"/> Farm Vehicle/Equipment (17) | | | | <input type="radio"/> White (01) | | | | <input type="radio"/> Hawaiian (08) | | | | | | | | | |
| <input type="radio"/> Passenger Van (02) | | | | <input type="radio"/> Other Bus (10) | | | | <input type="radio"/> Motor Coach (18) | | | | <input type="radio"/> Black (02) | | | | <input type="radio"/> Samoan (09) | | | | | | | | | |
| <input type="radio"/> Pickup Truck (03) | | | | <input type="radio"/> Motorcycle (11) | | | | <input type="radio"/> Motor Home (19) | | | | <input type="radio"/> American Indian (03) | | | | <input type="radio"/> Tongan (10) | | | | | | | | | |
| <input type="radio"/> SUV/MPVH (04) | | | | <input type="radio"/> Motor Scooter (12) | | | | <input type="radio"/> Recreational Vehicle (20) | | | | <input type="radio"/> Chinese (04) | | | | <input type="radio"/> Vietnamese (11) | | | | | | | | | |
| <input type="radio"/> Cargo Van < 10,001 lbs. (05) | | | | <input type="radio"/> Moped (13) | | | | <input type="radio"/> Other (21) | | | | <input type="radio"/> Japanese (05) | | | | <input type="radio"/> Filipino (12) | | | | | | | | | |
| <input type="radio"/> Other Truck < 10,001 lbs. (06) | | | | <input type="radio"/> Bicycle (14) | | | | <input type="radio"/> Unknown (22) | | | | <input type="radio"/> Korean (06) | | | | <input type="radio"/> Unknown (13) | | | | | | | | | |
| <input type="radio"/> Truck > 10,000 lbs. (07) | | | | <input type="radio"/> Pedestrian (15) | | | | | | | | <input type="radio"/> Puerto Rican (07) | | | | <input type="radio"/> Other (14) | | | | | | | | | |
| <input type="radio"/> Transit Bus (08) | | | | <input type="radio"/> Maint./Construct. Equipment (16) | | | | | | | | | | | | | | | | | | | | | |
| (36) Last Name | | | | (37) First Name | | | | (38) MI | | (39) Sex | | | | (40) DOB | | | | | | | | | | | |
| | | | | | | | | | | <input type="radio"/> M (01) <input type="radio"/> F (02) | | | | | | | | | | | | | | | |
| (41) Street No. | | | | (42) Street Name | | | | | | (43) St., Pl., Blvd., Etc. | | | | (44) Apt/Suite Number | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (45) City | | | | (46) State | | | | (47) Zip Code | | | | (48) Home Phone Number | | | | | | | | | | | | | |
| | | | | | | | | | | | | () - | | | | | | | | | | | | | |
| (49) Occupation | | | | | | | | | | | | | | (50) Employer/Company Name | | | | | | | | | | | |
| <input type="radio"/> Unemployed (00) | | | | <input type="radio"/> Fed. Govt. Civ. (07) | | | | <input type="radio"/> Student - H.S. (14) | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U.S. Army (01) | | | | <input type="radio"/> State Govt. (08) | | | | <input type="radio"/> Student - Col. (15) | | | | (51) Work Phone Number | | | | | | | | | | | | | |
| <input type="radio"/> U.S. Navy (02) | | | | <input type="radio"/> County Govt. (09) | | | | <input type="radio"/> U.S. Tourist (16) | | | | (52) Other Phone/Pager Number | | | | | | | | | | | | | |
| <input type="radio"/> U.S. Air Force (03) | | | | <input type="radio"/> Foreign Govt./Civ. (10) | | | | <input type="radio"/> Foreign Tourist (17) | | | | () - | | | | | | | | | | | | | |
| <input type="radio"/> U.S. Marines (04) | | | | <input type="radio"/> Retired (11) | | | | <input type="radio"/> Police Officer (18) | | | | (53) Driver's License Number | | | | | | | | | | | | | |
| <input type="radio"/> U.S. Coast Guard (05) | | | | <input type="radio"/> Student - Elem. (12) | | | | <input type="radio"/> Other (19) | | | | (54) St./Juris. | | | | | | | | | | | | | |
| <input type="radio"/> Other Military (06) | | | | <input type="radio"/> Student - Inter. (13) | | | | <input type="radio"/> Not Stated (20) | | | | (55) Class | | | | | | | | | | | | | |
| | | | | | | | | | | | | (56) Restrict. | | | | | | | | | | | | | |
| | | | | | | | | | | | | (57) Endorse. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (58) CDL Type | | | | | | | | | | | | | | (59) Driver's License Status | | | | | | | | | | | |
| <input type="radio"/> Non-CDL (01) | | | | <input type="radio"/> Valid (01) | | | | <input type="radio"/> Expired (05) | | | | <input type="radio"/> Permit (09) | | | | | | | | | | | | | |
| <input type="radio"/> Non-CDL/Restricted (02) | | | | <input type="radio"/> Not Licensed (02) | | | | <input type="radio"/> Revoked (06) | | | | <input type="radio"/> Disqualified [CDL] (10) | | | | | | | | | | | | | |
| <input type="radio"/> CDL (03) | | | | <input type="radio"/> Canceled (03) | | | | <input type="radio"/> Suspended (07) | | | | <input type="radio"/> Denied (04) | | | | <input type="radio"/> Provisional (08) | | | | | | | | | |
| (60) Insurance Policy Number | | | | | | | | | | | | | | (61) Exp. Date | | | | (62) Insurance Carrier | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (63) Registered Owner Name | | | | | | | | | | | | | | (64) Phone Number | | | | | | | | | | | |
| | | | | | | | | | | | | | | () - | | | | | | | | | | | |
| (65) Str. No. | | | | (66) Street Name | | | | | | (67) St., Pl. | | | | (68) Ste. # | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (69) City | | | | | | | | | | | | | | (70) State | | (71) Zip Code | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (72) Vehicle Body Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> 2-DSD (01) | | | | <input type="radio"/> 2-DSW (04) | | | | <input type="radio"/> SUV/MPVH (07) | | | | <input type="radio"/> Bus (10) | | | | <input type="radio"/> Moped (13) | | | | | | | | | |
| <input type="radio"/> 4-DSD (02) | | | | <input type="radio"/> 4-DSW (05) | | | | <input type="radio"/> Van (08) | | | | <input type="radio"/> PCMC (11) | | | | <input type="radio"/> Bicycle (14) | | | | | | | | | |
| <input type="radio"/> 2-DCV (03) | | | | <input type="radio"/> P/U Truck (06) | | | | <input type="radio"/> Truck (09) | | | | <input type="radio"/> M-Scooter (12) | | | | <input type="radio"/> Other (15) | | | | | | | | | |
| (73) Vehicle Year | | (74) Veh. Color (Top/Bottom) | | (75) Vehicle Make | | | | (76) Vehicle Model | | | | (77) Lic. Plate No. | | | | (78) Trailer Plate | | (79) Lic. Plate St. | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (80) Vehicle VIN Number | | | | | | | | | | | | | | (81) Emer. Veh. In Use | | | | (82) Vehicle Stolen | | | | | | | |
| | | | | | | | | | | | | | | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | <input type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | |
| (83) Special Use | | | | | | | | | | | | | | (84) Trailer/Cargo Type | | | | | | | | | | | |
| <input type="radio"/> None (00) | | | | <input type="radio"/> Fire Truck (04) | | | | <input type="radio"/> Police-Off Duty (08) | | | | <input type="radio"/> U-Drive (12) | | | | <input type="radio"/> None (00) | | | | <input type="radio"/> Livestock (04) | | | | <input type="radio"/> Veh. Tow Veh. (08) | |
| <input type="radio"/> Driver Trng. (01) | | | | <input type="radio"/> Tow Truck (05) | | | | <input type="radio"/> Military (09) | | | | <input type="radio"/> School Bus (13) | | | | <input type="radio"/> Boat (01) | | | | <input type="radio"/> House (05) | | | | <input type="radio"/> Other (09) | |
| <input type="radio"/> Construction/ Maintenance (02) | | | | <input type="radio"/> Ambulance (06) | | | | <input type="radio"/> Government (10) | | | | <input type="radio"/> Other Bus (14) | | | | <input type="radio"/> Flatbed (02) | | | | <input type="radio"/> Van/Encl. Box (06) | | | | <input type="radio"/> N/A (10) | |
| <input type="radio"/> Taxi (03) | | | | <input type="radio"/> Police-On Duty (07) | | | | <input type="radio"/> Farm Use (11) | | | | <input type="radio"/> Other (15) | | | | <input type="radio"/> Horse (03) | | | | <input type="radio"/> Dump (07) | | | | | |

Officer's Initials: _____

Supervisor's Initials: _____

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

| Unit No. _____ | | UNIT INFORMATION (Cont.) | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|
| (89) Citations | | (90) Est. Damages | | (91) Extent of Damage | | (92) Is this a CMV or Other QUALIFYING Vehicle? | | | |
| Citation Number | Offense Code (H.R.S./R.O. Section No.) | <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) | | <input type="radio"/> None (00) <input type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03) | | <input type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT | | | |
| | | | | | | | | | |
| | | (95A) Object (1) Struck/Damage Description | | (96A) Object (2) Struck/Damage Description | | | | | |
| | | | | | | | | | |
| (93) Using the Diagram to the Right, Indicate Initial Impact Point in block below: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 1 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 2 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 3 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 4 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 5 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 6 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 7 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 8 </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> 9 = top 10 = bottom </div> </div> <p style="text-align: center; margin-top: 5px;">Circle Damaged Areas</p> | | (95B) (Object 1) Owner's Name | | (96B) (Object 2) Owner's Name | | | | | |
| | | | | | | | | | |
| | | (95C) (Object 1) Owner's Phone Number | | (96C) (Object 2) Owner's Phone Number | | | | | |
| | | | | | | | | | |
| (94) Direction | | (95D) Estimated Damages to Object 1 | | (96D) Estimated Damages to Object 2 | | | | | |
| From To | | <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) | | <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02) | | | | | |
| | | | | | | | | | |
| (97) Motor Vehicle Maneuver/Action | | (98) Reason for Maneuver | | (99) Traffic Control Device Type | | | | | |
| <input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input type="radio"/> Slowing/Stopping (05) <input type="radio"/> Start in Traffic (11) <input type="radio"/> Other (18) <input type="radio"/> Backing (06) <input type="radio"/> Right Turn on Red (12) <input type="radio"/> Turning Right (13) | | <input type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05) <input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06) <input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./Animal (07) <input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08) <input type="radio"/> Other (09) | | <input type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Other (10) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Person (06) | | | | | |
| (100) Traffic Control Condition | | (101) Guidance/Pavement Markings | | (102) Delineator Present | | (103) Bikeway | | | |
| <input type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06) <input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07) <input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08) <input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09) <input type="radio"/> Yellow Malfunction (05) | | Lft Rgt <input type="radio"/> None (00) <input type="radio"/> No Passing, Yellow (06) <input type="radio"/> Solid Yellow (01) <input type="radio"/> Curb/Median, Etc. (07) <input type="radio"/> Skip-Dash Yellow (02) <input type="radio"/> Bikeway Marking (08) <input type="radio"/> Solid White (03) <input type="radio"/> Crosswalk Marking (09) <input type="radio"/> Skip-Dash White (04) <input type="radio"/> Turn Lane (10) <input type="radio"/> Solid Double Yellow (05) | | <input type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03) | | <input type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/Lane (03) | | | |
| (104) Vehicle Factors (Select Up to 2) | | (105) Vision Obstruction (Select up to 2) | | (106) Human Factors (Select up to 2) | | (107) Driver Distracted By | | | |
| <input type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15) | | <input type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05) | | <input type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05) | | <input type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect. Comm. Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06) | | | |
| (108) Other Factors (Select up to 4) | | | | (109) Roadway Comp. | | (110) Roadway Surface | | | |
| <input type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Ran Off Road (09) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> <input type="radio"/> Improper Passing (12) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Clothing not Visible (24) | | | | <input type="radio"/> Concrete (01) <input type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05) | | <input type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06) | | | |
| (111) Other Roadway Conditions | | | | (112) Roadway Alignment (Horizontal) | | (113) Roadway Alignment (Vertical) | | | |
| <input type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08) | | | | <input type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03) | | <input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03) | | | |
| Officer's Rank and Name | | Officer's ID Number | | Date/Time | | Supervisor's Rank and Name | | | |
| | | | | | | | | | |
| Supervisor's ID Number | | Date/Time | | Supervisor's ID Number | | Date/Time | | | |
| | | | | | | | | | |

Report Number:

(120) ALL PERSONS

| | | | | | |
|--|---|---|---|--|--|
| E - Ejection 00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown | H - Injury Class 00 None 01 Possible 02 Non-Incapacitating 03 Incapacitating 04 Fatal 05 Unknown | I - Injury Area 00 None 01 Head 02 Face 03 Eye 04 Neck 05 Thorax (Chest) 06 Spine/Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand 09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body | J - Accident Site Care 00 None 01 First Aid 02 Resuscitation 03 Extrication 04 Both 1 & 2 05 Both 1 & 3 06 Both 2 & 3 07 Other 08 Refused | L - Medical Facility Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp. Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic | C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med. - Pali Momi 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr. 99 Other |
| F - Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used 03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able to Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restraint (Unk. Type) 10 Child Restraint (Improper) 11 Helmet Used 12 N/A (Non-Motorist) 13 Unknown | | | K - Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other | C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu | |
| G - Air Bag Deployed 00 Not Present 01 Not Deployed 02 Deployed - Front 03 Deployed - Side 04 Deployed - Other 05 Deployed - Combination 06 Deployed - Curtain | | | | B - Position in Unit Motorcycle/Moped/Bicycle Pedestrian | M - Condition 01 Refused Treatment 02 Released 03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead Other |

[illegible]

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

DIAGRAM

| (114) Tire Skid Marks (Feet) | | | | | (115) REFERENCE POINT | | | | |
|--|------|-----------------|------|------|---|---|---|---|---|
| Wheel | Unit | Unit | Unit | Unit | IS _____ (feet) _____ (direction) _____ (Object/Landmark) | | | | |
| Rgt-R | | | | | ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE | | | | |
| Lft-F | | | | | Object | N | S | E | W |
| Rgt-F | | | | | | | | | |
| Lft-R | | | | | | | | | |
| (116) Intersection Related | | | | | | | | | |
| <input type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | | |
| (117) Main Road | | | | | | | | | |
| (A) No. of Lanes | | (B) Speed Limit | | | (119) Indicate the Type of Intersection (Check one) | | | | |
| | | | | | <input type="radio"/> Not at Intersection (01) <input type="radio"/> "Y" Intersection (04) <input type="radio"/> Roundabout (07) <input type="radio"/> 4-Way Intersection (02) <input type="radio"/> Part of Interchange (05) <input type="radio"/> 5 (or more legs) Intersection (08) <input type="radio"/> "T" Intersection (03) <input type="radio"/> Traffic Circle (06) <input type="radio"/> Other (09) | | | | |
| (118) Side Road | | | | | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Place an arrow in the above circle to indicate North.</p> | | | | |
| (A) No. of Lanes | | (B) Speed Limit | | | | | | | |
| | | | | | | | | | |

Draw Object, Directions, Etc. According to Current Practices.

Synopsis (Accident Description. Refer to units by number):

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|-------------------------|---------------------|-----------|----------------------------|------------------------|-----------|
| | | | | | |

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

| | | | | | | | | | | | | | | | | |
|--|---|---|----------------------------|--|--|---------------------|-----------|----------------------------|----------------------------------|-----------|--|--|--|--|--|--|
| Unit No. | Commercial Motor Vehicle Supplement | | | | | | | | | | | | | | | |
| INSTRUCTIONS: | | | | | | | | | | | | | | | | |
| IF number 1, 2, or 3 apply, AND either A, B, or C apply; THEN complete this supplement for each CMV or qualifying vehicle. | | | | | | | | | | | | | | | | |
| IF | 1 | ANY truck having a gross vehicle weight rating (GVWR) greater than 10,000 lbs., or a gross combined vehicle weight rating (GCWR) greater than 10,000 lbs., OR; | AND | A | ANY person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, OR; | | | | | | | | | | | |
| | 2 | ANY Motor Vehicle with seats to transport nine (9) or more people including the driver's seat, OR, | | B | ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, OR; | | | | | | | | | | | |
| | 3 | ANY vehicle displaying a hazardous materials placard regardless of the weight. | | C | ANY motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle. | | | | | | | | | | | |
| QUALIFYING INFORMATION | | | | | | | | | | | | | | | | |
| (200) This form is being completed because this vehicle is: | | (201) Number of | | (202) At the time of the crash, this vehicle was: | | | | | | | | | | | | |
| <input type="radio"/> A truck or truck combination over 10,000 lbs. (GVWR/GCWR) <input type="radio"/> A bus with seats for 9 or more, including the driver. <input type="radio"/> A vehicle of any type with a Hazardous Materials placard. | | Total involved vehicles in the crash: | | <input type="radio"/> Operating on a trafficway open to the public. <input type="radio"/> Parked On/Off the trafficway. | | | | | | | | | | | | |
| | | Person(s) sustaining Fatal injury: | | | | | | | | | | | | | | |
| | | Injured Person(s) Transported for IMMEDIATE Treatment: | | | | | | | | | | | | | | |
| | | Vehicles towed due to DISABLING DAMAGE: | | | | | | | | | | | | | | |
| VEHICLE INFORMATION | | | | | | | | | | | | | | | | |
| (203) Vehicle Configuration | | (204) Cargo Body Type | | (205) GVWR, GCWR (Use GCWR for truck combinations) | | | | | | | | | | | | |
| <input type="radio"/> Passenger Car (Only with Hazardous Materials Placard) (01) <input type="radio"/> Light Truck (Only with Hazardous Materials Placard) (02) <input type="radio"/> Bus (Seats 9-15 including the driver) (03) <input type="radio"/> Bus (Seats 16 or more including the driver) (04) <input type="radio"/> Single Unit Truck (2 Axles/6 Tires) (05) <input type="radio"/> Single Unit Truck (3 or more Axles) (06) <input type="radio"/> Truck/Trailer(s) [Single Unit Truck with Trailer(s)] (07) <input type="radio"/> Truck/Tractor (without trailer, bobtail, or saddle mount) (08) <input type="radio"/> Tractor/Semi-Trailer (one trailer) (09) <input type="radio"/> Tractor/Doubles (two trailers) (10) <input type="radio"/> Tractor/Triples (three trailers) (11) <input type="radio"/> Other truck over 10,000 lbs. (not listed above) (99) | | <input type="radio"/> Not Applicable/No cargo body (00) <input type="radio"/> Bus (seats 9-15 including driver) (01) <input type="radio"/> Bus (seats 16 or more including the driver) (02) <input type="radio"/> Van/Enclosed Box (03) <input type="radio"/> Cargo Tank (04) <input type="radio"/> Flatbed (05) <input type="radio"/> Dump (06) <input type="radio"/> Concrete Mixer (07) <input type="radio"/> Auto Transporter (08) <input type="radio"/> Garbage/Refuse (09) <input type="radio"/> Grain, Chips, Gravel (10) <input type="radio"/> Pole (11) <input type="radio"/> Vehicle Towing Another Vehicle (12) <input type="radio"/> Intermodal Chassis (13) <input type="radio"/> Log (14) <input type="radio"/> Other Cargo Body Not Listed (98) | | <input type="radio"/> 10,000 lbs., or less (01) <input type="radio"/> 10,001 lbs., to 26,000 lbs. (02) <input type="radio"/> Over 26,000 lbs. (03) | | | | | | | | | | | | |
| | | | | (206) Bus Use | | | | | | | | | | | | |
| | | | | <input type="radio"/> Not a Bus (00) <input type="radio"/> School [public or private] (01) <input type="radio"/> Transit (02) <input type="radio"/> Inter-city (03) <input type="radio"/> Charter (04) <input type="radio"/> Other (05) | | | | | | | | | | | | |
| | | | | (207) Hazardous Materials | | | | | | | | | | | | |
| | | | | HAZMAT Placard Present <input type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | | | | | |
| | | | | If yes, HM 4-Digit #/Name from Diamond: <input style="width: 100px;" type="text"/> | | | | | | | | | | | | |
| | | | | If yes, HM Class # bottom of Diamond: <input style="width: 100px;" type="text"/> | | | | | | | | | | | | |
| | | | | Was HAZMAT released from vehicle's cargo: <input type="radio"/> No (01) <input type="radio"/> Yes (02) | | | | | | | | | | | | |
| | | | | MOTOR CARRIER INFORMATION | | | | | | | | | | | | |
| | | | | (208) Type of Carrier | (209) Employer/Company Name | | | | (217) Carrier Identification No. | | | | | | | |
| <input type="radio"/> Interstate Carrier (01) <input type="radio"/> Intrastate Carrier (02) <input type="radio"/> Not in Commerce - Govt. (03) <input type="radio"/> Not in Commerce - Other (04) (Over 10,000 lbs. GVWR/GCWR) | <div style="text-align: center;"> <input type="radio"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">US DOT #:</td> <td style="width: 50%;"></td> </tr> <tr> <td>MC/MX #:</td> <td></td> </tr> <tr> <td>State #:</td> <td></td> </tr> </table> | | | | US DOT #: | | MC/MX #: | | State #: | | | | | | | |
| | | | | | US DOT #: | | | | | | | | | | | |
| | | | | | MC/MX #: | | | | | | | | | | | |
| | | | | | State #: | | | | | | | | | | | |
| (210) Str. No. | (211) Street Name | (212) Apt/Ste | (213) Phone No. | | | | | | | | | | | | | |
| (214) City | | (215) State | (216) Zip Code | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Officer's Rank and Name</td> <td style="width: 15%;">Officer's ID Number</td> <td style="width: 15%;">Date/Time</td> <td style="width: 25%;">Supervisor's Rank and Name</td> <td style="width: 15%;">Supervisor's ID Number</td> <td style="width: 10%;">Date/Time</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | | | | Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time | | | | | | |
| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Commercial Motor Vehicle Supplement

Vehicle Configuration

Bus (9-15 Seats, Including Driver)



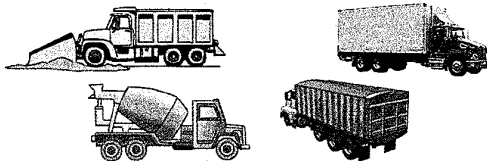
Bus (16 or More Seats, Including Driver)



Single-Unit (2 Axles, 6 Tires)



Single-Unit (3 or More Axles)



Truck/Trailer (Single-Unit Truck Pulling a Trailer)



Truck Tractor (Bobtail)



Tractor/Semi Trailer (One Trailer)



Truck Tractor/Double (Two Trailers)



Truck Tractor/Triple (Three Trailers)



Revised 06/05

Federal Motor Carrier
Safety Administration



U.S. Department of Transportation
www.fmcsa.dot.gov

Cargo Body Type

Bus (9-15 Seats, Including Driver)



Bus (16 or More Seats, Including Driver)



Van/Enclosed Box



Cargo Tank



Flat Bed



Dump



Concrete Mixer



Auto Transporter



Garbage/Refuse



Grain, Chips, Gravel



Pole



Log



Intermodal Chassis



Vehicle Towing Motor Vehicle



No Cargo Body



Federal Motor Carrier
Safety Administration



U.S. Department of Transportation
www.fmcsa.dot.gov

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

Narrative

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|-------------------------|---------------------|-----------|----------------------------|------------------------|-----------|
| | | | | | |

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

Narrative

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|-------------------------|---------------------|-----------|----------------------------|------------------------|-----------|
| | | | | | |

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number _____

Narrative

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|-------------------------|---------------------|-----------|----------------------------|------------------------|-----------|
| | | | | | |



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
AIRPORT SHERIFF DETAIL

MINOR MOTOR VEHICLE COLLISION REPORT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---------------------------------|--|------------------------|--|--|--|--|--|---|--|--|--|----------------------------|--|--------------------------|--|----------------|--|----------|--|--|--|----------|--|--|--|
| 1. REPORT NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. JURISDICTION <input type="checkbox"/> STATE <input type="checkbox"/> PRIVATE <input type="checkbox"/> COUNTY <input type="checkbox"/> OTHER | | 3. TYPE <input type="checkbox"/> CIVIL <input type="checkbox"/> MINOR | | 4. DISTRICT | | 5. CENSUS | | 6. BEAT | | 7. WATCH | | 8. INVESTIGATOR(S) | | | | | | | | | | | | | | | | | |
| 9. DATE/TIME OCCURRED | | | | 10. DAY | | 11. DATE/TIME REPORTED | | | | 12. NAME OF STREET OR HIGHWAY | | | | | | | | | | | | | | | | | | | |
| 13. CITY OR TOWN | | | | 14. DISTANCE AND DIRECTION FROM | | | | 15. POINT OF REFERENCE (MILE MARKER, INTERSECTION, LANDMARK) | | | | | | | | | | | | | | | | | | | | | |
| 18. UNIT NO. | | 17. OPERATORS/PEDESTRIAN'S NAME | | | | | | 18. UNIT NO. | | 19. OPERATOR'S/PEDESTRIAN'S NAME | | | | | | | | | | | | | | | | | | | |
| 20. ADDRESS | | | | | | | | 21. ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 22. HOME PHONE | | | | 23. BUSINESS PHONE | | | | 24. OCCUPATION | | | | 25. HOME PHONE | | | | 26. BUSINESS PHONE | | | | 27. OCCUPATION | | | | | | | | | |
| 28. SEX <input type="checkbox"/> M <input type="checkbox"/> F | | 29. DOB | | 30. OPERATOR'S LICENSE NO. | | | | 31. STATE | | 32. EXP. | | 33. SEX <input type="checkbox"/> M <input type="checkbox"/> F | | 34. DOB | | 35. OPERATOR'S LICENSE NO. | | | | 36. STATE | | 37. EXP. | | | | | | | |
| 38. INSURED BY | | | | 39. POLICY NUMBER | | | | 40. EXP. | | | | 41. INSURED BY | | | | 42. POLICY NUMBER | | | | 43. EXP. | | | | | | | | | |
| 44. LICENSE PLATE | | 45. STATE | | 46. MAKE | | 47. YEAR | | 48. BODY TYPE | | 49. LICENSE PLATE | | 50. STATE | | 51. MAKE | | 52. YEAR | | 53. BODY TYPE | | | | | | | | | | | |
| 54. OWNER NAME/ADDRESS | | | | | | | | 55. OWNER NAME/ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 56. VEHICLE MANEUVER (CHECK ONLY ONE BOX) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> MERGING <input type="checkbox"/> OVERTAKING <input type="checkbox"/> SLOWING/STOPPING</div><div><input type="checkbox"/> BACKING <input type="checkbox"/> PARKING/PARKED <input type="checkbox"/> STOPPED AT TRAFFIC <input type="checkbox"/> START IN TRAFFIC <input type="checkbox"/> RIGHT TURN ON RED</div><div><input type="checkbox"/> RIGHT TURN-OTHER <input type="checkbox"/> LEFT TURN <input type="checkbox"/> U-TURN <input type="checkbox"/> ENTERING TRAFFIC <input type="checkbox"/> OTHER</div></div> | | | | | | | | 57. VEHICLE MANEUVER (CHECK ONLY ONE BOX) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> MERGING <input type="checkbox"/> OVERTAKING <input type="checkbox"/> SLOWING/STOPPING</div><div><input type="checkbox"/> BACKING <input type="checkbox"/> PARKING/PARKED <input type="checkbox"/> STOPPED AT TRAFFIC <input type="checkbox"/> START IN TRAFFIC <input type="checkbox"/> RIGHT TURN ON RED</div><div><input type="checkbox"/> RIGHT TURN-OTHER <input type="checkbox"/> LEFT TURN <input type="checkbox"/> U-TURN <input type="checkbox"/> ENTERING TRAFFIC <input type="checkbox"/> OTHER</div></div> | | | | | | | | | | | | | | | | | | | | | |
| 58. VIN MATCH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 59. DAMAGED AREAS (DESCRIBE) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">◀ TOP BOTTOM ▶</div> | | | | | | 60. VIN MATCH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 61. DAMAGED AREAS (DESCRIBE) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">◀ TOP BOTTOM ▶</div> | | | | | | | | | | | | | | | | | | | |
| 62. PROPERTY DAMAGE (DESCRIPTION) | | | | | | | | | | 63. ESTIMATED DAMAGES | | | | | | | | | | | | | | | | | | | |
| 64. PROPERTY OWNER'S NAME | | | | | | | | | | 65. TELEPHONE NUMBER | | | | | | | | | | | | | | | | | | | |
| 66. SYNOPSIS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67. CITATIONS (CITATION NUMBER AND SECTION NUMBER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68. CONNECT-UP REPORT NUMBER(S) | | | | | | | | | | | | | | 69. INFO EXCHANGE (REQUIRED) <input type="checkbox"/> YES | | | | | | | | | | | | | | | |
| 70. REPORT WRITTEN BY | | | | | | | | | | I.D. NO. | | | | DATE/TIME | | | | 71. APPROVING SUPERVISOR | | | | | | | | I.D. NO. | | | |

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
SHERIFF DIVISION

Report No. _____

Booking No. _____

STATEMENT OF RECEIPT OF DETAINEE'S PROPERTY

Date _____ Hour _____

Name of Detainee _____

Offense _____

While in the custody of the Department of Public Safety, Sheriff Division I know that any property I have will be taken from me for safekeeping. I understand the need to open any closed containers, including wallets and purses, to properly inventory my property for safekeeping purposes.

_____ YES, I give my consent to open my property to inventory its contents.

_____ NO, I do not give my consent to open my property to inventory its contents. I understand by signing this waiver, that I release the police/sheriff of the responsibility for the contents of unopened items. **I further understand that by not consenting to have my property inventoried, I can not lay any tort claims of missing property at a later date.**

INITIAL

SIGNED BY DETAINEE

LIST OF PROPERTY FOUND ON DETAINEE

\$ _____ CASH

_____ Keys
Number

_____ CHECKS
Amount

_____ Glasses

_____ Ring
Description

_____ Miscellaneous

_____ Other Jewelry

_____ Wallet/Purse

_____ Watch(Wrist/Pocket)
Description

Signature of Receiving Officer/Witness

Signature of Detainee/Refused to Sign

Signature of Searching Officer/Witness

Date _____ Hour _____

Received from the Sheriff per _____ the property listed above.

Other Agencies Signature

Signature of Detainee (his or her mark)

Witnessed by: _____

LAW 355(1/94)

WHITE - PRISONER

YELLOW - FACILITIES

PINK - SHERIFF

REPORT NO. _____

**ABUSE OF A FAMILY OR HOUSEHOLD MEMBERS
WARNING CITATION**

Suspect's name: _____

Address: _____

Age: _____ DOB: _____ SSN: _____

Physical Description: _____

Victim's name: _____

D/T Offense: _____ Scene: _____

D/T Warning: _____ Scene of Warning: _____

The undersigned police officer, having reasonable grounds to believe that there was recent physical abuse or harm inflicted by the suspect upon the victim, who is a family or household member, and that there is probable danger of further physical abuse or harm being inflicted upon the same person,
HEREBY ORDERS THE SUSPECT TO LEAVE THE PREMISES AT

_____ (address)

AND TO STAY AWAY FOR A PERIOD OF TWENTY-FOUR (24) HOURS, beginning at

_____ and ending at _____, AND TO NOT
Date / Time Date / Time

INITIATE ANY CONTACT, EITHER BY TELEPHONE OR IN PERSON, WITH THE VICTIM FOR THE SAME PERIOD OF TIME.

When the incident occurs after 12 p.m. on a Friday, or on any Saturday, Sunday or legal holiday, the order to leave the premises and to initiate no further contact with the victim shall commence immediately, and the 24-hour period shall be enlarged and extended until 4:30 p.m. on the first day following the weekend or legal holiday. The person warned is allowed to enter the premises with police escort to collect any necessary personal effects.

Failure to abide by this order shall result in your arrest under Section 709-906, HRS, and possible conviction of a misdemeanor. A person convicted under this section shall serve a minimum jail sentence of forty-eight (48) hours and shall be required to undergo any available domestic violence treatment and counselling program, as ordered by the court. The maximum penalty is a fine of \$1,000.00 and/or up to one year in jail.

Deputy's signature

Date / Time

I have read and understand the above; it has also been explained to me.

Suspect's signature

Date / Time

Witness's signature

Date / Time

Remarks:

Original: Report
1st Copy: Complainant
2nd Copy: Suspect